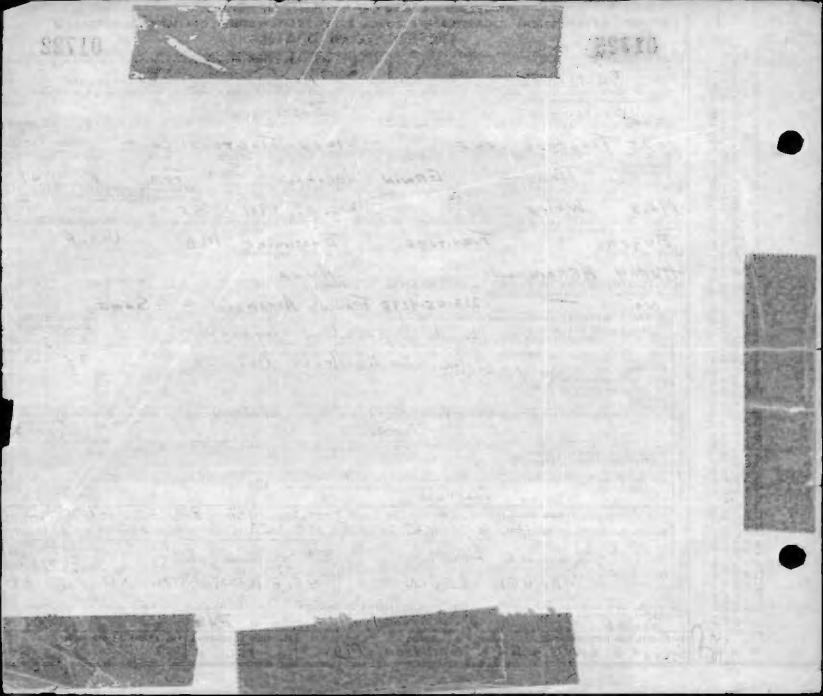
ARTMENT OF HEALTH



Divisign of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1			
1		0	1
	1	PLACE	ΩE

and completely filled in by the funeral remove carban papers. Pages 1 and 2 in pay event) within 72 hours after death. **D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician an director, page 3 shauld be detached far use as the burial-transit permit. Then please restauld be filed with the State Dept. af Health priar to burial, cremation, as remaval, and in the state Dept. at Health priar to burial, cremation, as remaval, and in the state Dept.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 heurs after death

8

TO HOSPITAL

Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been

22c. PHYSICIAN'S NAME (Type) 30. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 2/16/67 24. FUNERAL DIRECTOR & Sons Reisterstown, Md.

23C. NAME OF CEMETERY OR CREMATORY

Nat While at work

20d. INJURY OCCURRED

attended the deceased

foctory, street, office bldg., etc.) and that death accurred at M, from causes and an the date stated above. 22b. DATE SIGNED STAFF PHYS. ATTENDING PHYS. MED. DIRECTOR 22d. ADDRESS 23d. LOCATION (City or Town) (County) Md. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

(City or town)

(County)

NO

(Stote)

0172	6		CERTIFIC	AIL	UF DEATH			U	17	33	
PLACE OF DEATH O. COUNTY	Baltimore	9	MARYLA	ND	2. USUAL RESIDENCE (o. STATE	Where decease	d lived, if institut b. COU	11971	nce before		an)
	(If autside carparate limits nd give nearest town) S COWN		c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (If or Reist	erstow		RAL and giv	e nearest	town)	
d. NAME OF HOSPI	TAL OR INSTITUTION (If no	t in hospital, giv	re street address)		d. STREET ADDRESS				6	ON A FA	
100 Wes	stminster Ro	pad			100 Wes	tminst	er Road)	YES 🗌	NO
3. NAME OF DECEASED	Fir	**	Middle		Last	4. DATE OF	Man		Day	Yeo	10
(Type or print)	Carrie	9	Н.	Al	bright	DEATH	Februa		13,	19	67
s. sex Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	البا	ec. 5, 1893		AGE (In years lost birthdoy)	Months Months	Doys Doys	Hours	R 24 H
	N (Give kind of work dane		D OF BUSINESS OR JSTRY		II. BIRTHPLACE (County Balto. Co	& State, or fare			TIZEN OF DUNTRY? US.		
13. FATHER'S NAME					14. MOTHER'S MAIDEN						
Geo	orge Hoover			- u	Anna	Ragsa	dle				
IS. WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give wor or dates e	f service) 16. SC	CIAL SECURITY NO.	17. II	NFORMANT		Addre	9SS			
No	(ii jos give noi di balor d		None	Mi	ss. T. May	Albrig	ht Reis	sters	town	, Md	
	DEATH (Enter only one country was CAUSED BY: IMMEDIATE CAUSE	E	o), (b), and (c).)	7	Kromfo	ris.	-			ERVAL BET	
Conditions, if ony		TO Hy	perten	se	on	1			ye	cal	Le
rise to immedia stating the unde lost.		10 Be	10 may	y	Trely	ficil	ser.	-	Tue .	ear	2
PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING 10	DEATH BILL SUT RELATI	Jac 1	HE TERMINAL DISEASE CO	NDITION GIVEN	IN PART I(0)	1	19.	WAS AUTO PERFORM	OPSY ED?

205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

M.D.

20e. PLACE OF INJURY (Home, form,

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year

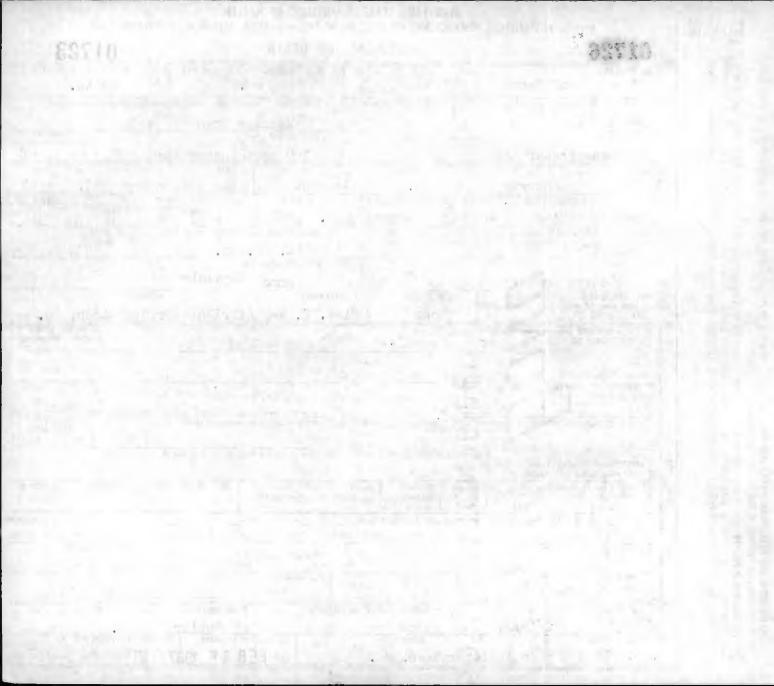
certify that (I) (this hospital) saw/the deceased alive an. 22a. SIGNATURE

Hour o.m.

20o. ACCIDENT WAS UNDERLYING [

Black Rock ADDRESS

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital ar attending physician. VR A15 (4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

01727 CERTIFICATE OF DEATH

01724

1.	o. COUNTY	LITIMORE		MARYLA	un	A STATE	LAND b. COU		ice beraie aginis:	ign)
-		If autside carparate limits,		C LENGTH OF STAY IN T			side corparate limits, write RU	RAL and giv	e nearest town)	
		give nearest tawn)		59 DAYS		BALTIMOR		5	30-4	/
-		AL OR INSTITUTION (If not in	hasnital a			d. STREET ADDRESS	LES .		e. IS RES	IDENCE
7							Tanna 2 a Od.		ON A	FARM?
2	NAME OF	ADMINISTRAT:	LUN H	Middle		loll West	Lanvale Stree			NO DE
3.	DECEASED			mode			OF			
C	(Type or print) SEX	6. COLOR OR RACE 7.	MARRIED	UNITED ALABORED	THE REAL PROPERTY.	EXANDER B. DATE OF BIRTH	9. AGE (In years	I IF UNDER	22 19	67 ER 24 HRS.
				NEVER MARRIED			last birthdoy)	Months	Days Hours	
_	MATE	NEGRO (Give kind of work done	-	DIVORCED	<u> </u>	EPTEMBER 23,	1900 66 yrs.	10 (1	TIZEN OF WHAT	
	ring mast af warking			DUSTRY			State, ar fareign country)	CO	UNTRY?	
10	FATALFAIC ALACE					CHARLOTTE		I U.	S.A.	
13	. FATHER'S NAME					14. MOTHER'S MAIDEN N				
		ALEXANDER	1 11			LENA MN:		-175 4 9		
(Y	es, no, grunknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates of se	(anive	SOCIAL SECURITY NO.		NFORMANT	VA HOSP			-
	YES	WWII	21	2 16 94 26	C	LINICAL RECO	ORDS FORT HOW	MARD,	MARYLAN	D
		ATH (Enter anly one cause p TH WAS CAUSED BY:							ONSE DATE BETWEEN	
	PAKI I. DCA	IMMEDIATE CAUSE (o)	BILA	TERAL PNEUM	DMI	A			OHSC BALL	SAIL.
	1601	DUE TO	מסמים	HOGENIC CAF	CTN	OMA			MONT	HS
	Conditions, if ony	e couse (n)	DINOU	HOGENIC CAL	IC AL	OPPE			770412	
	stating the underlying cause Due 10									
	last.) (c)							1	
NO	PART II. OTHER SI	GNIFICANT CONDITIONS CONT	RIBUTING T	O DEATH BUT NOT RELATE	D TO 1	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)		19. WAS AU PERFORI	MED?
SATIO	1 0 1 1	يدارون الراب الراب	1000						YES X	NO 🗌
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	RRED.	Enter nature of injury in P	art 1 ar Part 11 of item 18.)			
MEDICAL	20c. TIME OF INJU Hour o.e	10	20d. IN While at work	Not While		E OF INJURY (Home, farm, ary, street, affice bldg., etc.)	20f. (City or town)	((0)	unty)	(State)
		fy that (1) (this hospite			m	DEC. 26	66, to FEB. 22	. 19	67 that /1	(we) lost
	sow the d	eceased olive an	TOB.	22 19.67 and	d tha	death occurred at	115PM, from couses	and on t	he dote stote	d above.
	220. SIGNATURE			11/1/	+				ATE SIGNED	
	M.D. ATTENDING MED. STAFF DX 2/23/67									7
	22c. PHYSICIAN'S	CITAL DON E	TEATI	/	1	22d. ADDRESS	TIOLIA DE MA EV	T A ATT		
	NAME (Type	COURTION E	NALI	MUTZ, M. D.	1	VAR FURI	HOWARD, MARY	TAIND		
23	a. BURIAL, CREMATIC		F	23c. NAME OF CEMETER	OR	CREMATORY	23d. LOCATION (City or To	wn)	(County)	(State)
	REMOVAL (Specify BURIAL	2/27/8	57	Baltimor	0	National	Baltimore	, Ma	ryland	
2	4. EUNERAL DIRECTO		1	RICE FUNERAL	. H	DMH:		GISTRAR'S	IGNATURE	
0	Marles	attice &	661	W BARRE S	P.	BATTIMOPALEB	T2 4 196/ /	wast.	as Judge	

The second of th 11 (41 10)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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3

		MARYLAND ST	TATE DEPA	ARTM!	ENT OF I	HEALTH		
NOISIVIC	OF STATISTICAL	RESEARCH AND	RECORDS, 3	301 W.	PRESTON	STREET,	BALTIMORE	1, MARYLAND
		0 M D W						•

01868	Ttom Q	E GERIJFICAT	L UF DEATH		01725
1. PLACE OF OEATH 9. COUNTY				E (Where deceased lived, If institution	m; Residence before admission)
Baltimo	re	MARYLANO	e. STATE Mary	yland b. COUNTY	,
b. CITY OR TOWN (If outside write RURAL and give n	le corporate limits.	c. LENGTH OF STAY IN 15		outside corporate limits, write RU	IRAL and give nearest town)
Catonsvi		1 year	Baltimo	ore City	21-11
d. NAME OF HOSPITAL OR I	NSTITUTION (if not in h	ospital, give street eddress)	d. STREET ADORESS		e. IS RESIDENCE
Ridge Way Mano	r Nursing Ho	ome	1245 E. Be	elvedere Ave. 212	ON A FARM?
3. NAME OF DECEASEO	First	Middle	Last	4. DATE Month	Day Year
(Type or print) GE	RTRUDE	H.	ALLEN	DEATH Februa	
5. SEX 6. COLOR	OR RACE 7. MARRIEO	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (in years IFUN last birthday) Mont	OER 1 YEAR IF UNDER 24 HRS. hs Days Hours Min.
Female Whi	te WIDOWEO	OIVORCED X	June 13, 189	91 /1/6 75 yrs.	its Days Hours Willing
10a. USUAL OCCUPATION (Give k) during most of working life, eve	nd of work done 10b. K	INO OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Co	unty & State, or foreign country) 1	2. CITIZEN OF WHAT COUNTRY?
Secretary	Hos	pital	Baltimore (U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAID	EN NAME	
Daniel Thomas				Sauter	-
15. WAS OECEASED EVER IN U.S (Yes, no, or unkown) (If yes give v	. ARMED FORCES? 16. var or dates of service)		INFORMANT	Address	
No	21	14-14-3545 Ja	mes F. Aller	1245 E. Belve	dere Ave.
18. CAUSE OF OEATH [En		ine for (a), (b), and (c).]	-		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS O	TE CAUSE (a)	grebral-	Tremon	Augus	man
3.32X	OUE TO				
Conditions, if any, which	(b)				
gave rise to immediate cause (a), stating the	0115 70				
underlying cause last.	(c)				
PART II. OTHER SIGNIFICAN		JTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
CAT					PERFORMEO?
20a. ACCIDENT WAS UNDE	RLYING [] 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part I or Part II of Iten	1 18.)
PART II. OTHER SIGNIFICAN 202. ACCIDENT WAS UNDE OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDIC	SE OF OEATH (AL EXAMINER)				
ZOC. TIME OF INJURY MO	onth, Day, Year 20d. I	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fai	rm, 20f. (City or town)	(County) (State)
Hour a.m.	While at worl	MOT AUTHS	ry, street, office bldg., et	(c.)	
			Chan 10	60 10 20 20 1	9 < 7 that (I) (we) last
saw the deceased ali	1	ed the deceased from	dooth conversed at 4	M, from the causes and	on the date stated shove
22a. SIGNATURE	VE OII	and that	death occorred at		. OATE SIGNED
Wille	V Goden	an, MD MD		MED. STAFF	
22c. PHYSICIAN'S		M.D	22d. AODRESS	TREGION (FRIS. (]	
NAME (Type) Dr	. William Go	odman	1334 Sulp	ohur Spring Road	21227
23a. BURIAL, CREMATION, 23	b. OATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town of	r county) (State)
REMOVAL (Specify) Burial	2-23-67	St. Johns Chu	rch Cemetery	Long Green	Baltimore Co.
24. FUNERAL DIRECTOR		ADDRESS			RAR'S SIGNATURE
Wm. Cook-Brook	s Inc.	1217 St. Paul	Street DATE F	B 27 1967 yel	inelas Judas

VR A15 1/65

a - s - 3A

j. j. j. j ₩ 10 950 U.P.

... The second record r

5 5 5

HEALTH DEPT.

your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is execute the certified, withing the word "pending" in pendi in Item, 18. Given Fages 1, 2, and 3 to the funned should be for ited to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain TO FUNERAL DIN. FORE Page 3 should be used as a birrial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any west, within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01729	M	DICA	L EXAMINER'S	CERTIFICA	TE OF	DEATH	Reg, Dist, No	01726	
	altimore		MARYLAND	2. USUAL RESIDENCE 0. STATE MG		b. COU		fare admission)	
ogg give reasest fow	(Il autside corporate limits, writ Point	e BURAL	c. LENGTH OF STAY IN 16		(If outside co l timo	0.0	ite RURAL and give n	rearest fown)	
d. NAME OF HOSPI	E. Balti		itol, give street address) St. # 21224	d. STREET ADDRESS	08 Fe	ster A	ve.	e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	THOMAS	SŶ	FRANCIS	ALLEN, Jr.	4. DATE OF DEATH		onth Day	Yeor 19 6 7	
s. sex	6. COLOR OR RACE	7. MARRIED		July 10.	1922	9. AGE (In years last birthday)	Months Days	IF UNDER 24 HRS. Hours Min.	
during most of working Seanu	ing life, even if retired)	Bei	nd of Business or Industrude Shipp. Sr.	New 14. MOTHER'S MAIDEN	York NAME		U,	S.A.	
		RCES? 16. S	OCIAL SECURITY NO. 17. W		ei 90	Arcâd Lienda	a Rd	A COLOR OF THE STATE OF THE STA	
Conditions, if gave rise to imme (a), stating the couse fast.	ediote cause	ar	lerosch	eratic i	Head	t D	islos		
PART II. OT	HER SIGNIFICANT CON	DITIONS COI	NTRIBUTING TO DEATH BUT N	Commented to the teri	MINAL DISEA	SE CONDITION (9. WAS AUTOPSY PERFORMED? YES NO	
-	NIRBUTING	b, DESCRIBE	HOW INJURY OCCURRED. [E	nter nature of injury in Pa	ort 1 or Port 1	1 of item 18.)			
YOUR TIME OF INJU	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a, m. 19 of work of wor								
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Notural causes . Accident , Suicide , Homicide , Undetermined manner . ACTUAL LOC . (6) HOT A A COURT MERCAL EXAMPLED.								
EXAMINER'S NAME (Type)	Theodore	-	atterson	ASSISTANT MEDI-	L EXAMINER			1/3/4/	
23. FUNERAL DIRECTO	2-7-67	OF	St. John	s Cemete	ry, L	-	land, N.	(State)	
Charles A	Teiler	6224	Eastern Av	DATE	TO BY REGIS	7 196	GISTRAR'S SIGNATUR		

, score , we make the TOTAL CONTRACT OF A PORT O The second secon 7 The state of the s , the state of the THE HALL DELLA THE PROPERTY Therefore in the selection of the select ingolute . Petterber 11. Comple deretery, Err

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) 6. COUNTY +1111073_ b. COUNTY MARYLAND b (ITY OR TOWN (If outside carporate limits, c LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) HULM d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? NO 3. NAME OF First Middle DATE Month Year DECEASED OF (Type or print) DEATH S. SEX 6 COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years last birthdoy) Months Doys 10-15 WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CT ZEN OF WHAT 11_BIRTHPLACE (County & State, or foreign country) during most of working ite, even if retired) COUNTRY? INDLSTRY HOLLELLE 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Wilhelmina 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates af service) Mr. Floyd M. Allmond- 1322 Ridge No 18. CAUSE OF DEATH (Enter only one couse per lipe for (o), (b), ond (c).)
PART L DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION OVER IN PART 1(0) WAS AUTOPSY PERFORMED?

CERTIFICATION 200 ACCIDENT WAS UNDERLYING

20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18)

PHYS

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF NJURY Month, Doy, Year Hour o.m.

OR CONTRIBUTING CAUSE OF DEATH

20d. INJURY OCCURRED While Not While at work

1967

2De PLACE OF INJURY (Home, form, factory, street, office bldg ., etc.)

22d, ADDRESS

(City or town)

and that death occurred at 905 PM, from causes and on the date stated above

Greater Balto. Med Cen.

(County) (Stote)

NO

sow the deceosed alive on_ 220. SIGNATURE

Feb.

21 1 certify that (1) (this haspital) attended the deceased fram

d.M

22b. DATE SIGNED

230 BURIAL (REMATION. REMOVAL (Specify) Rurial

22c PHYSICIAN S

NAME (Type)

23b DATE THEREOF 2/16/67

23c. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

23d LOCATION (City or Town) Baltimore Co. Maryland

(County) (Stote)

24 FUNERAL DIRECTOR

MEDICAL

Leonard J. Ruck Inc. 5305 Harford Rd. #11

Robert W. Smith

2So REC D BY REGISTRAR

19 6) to

2Sb REGISTRAR'S SIGNATURI

within 24 hours ofter deoth ve corbon papers. Pagevent, within 72 hours filled completely in any and rending physician c mit. Their place or remover; and it **EHYSICIAM:** The low requires that the deoth certificate attending cremation, signed by the burial-tronsit p ottending has been se os the lath prior to la this certificote etached ATT ND G After pe be retained should TO FUNERAL DIRECTOR: filed director, poge should be filed O MOSMITAL Page (VR A15 (4)

by the funeral Pages 1 and nours after death

.⊆



MARYLAND STATE DEPARTMENT OF HEALTH

15 Belair Rat DAT

e. IS RESIDENCE DN A FARM?

Year

19

Hours

ONSET AND DEATH

YR

WAS AUTOPSY

PERFORMED? YES AT

NO

(State)

(State)

Day

NO X

VR AI5 (4) 20M 1/65

death by the funeral Pages 1 and 2 within 24 haurs after death ve carban papers. Pagevent, within 72 haurs ,⊆ filled campletely in any gud certificate be attending physking sermit. Then pleas remova the Jeath signed by the attendi burial transit permit. burial, crematian, ar re peen as the has certificate has ched far use pt. of Health p ATTENDING PHYSICIAN: After this certific be detached for State Dept. of H After be retained DIRECTOR: director, page 3 shauld be filed v O HOSPITAL TO FUNERAL

01732 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH n COUNTY b. COUNTY **MARYLAND** b CITY OR TOWN (If outside corporate limits, c LENGTHLOF STAY IN 16 c CITY OR outs de corporate limits, write RURA, and give neglest fawn) write RURAL and give nearest town) Alitimo NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RES DENCE ON A FARM? d STREET ADDRESS NO DE YES NAME OF Middle DATE Month Eirst Day Year DECEASED (Type or print) OF DEATH 19 S SEX 6_COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In veors IF UNDER I YEAR IF JINDER 24 HRS lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 10b KIND OF BUSINESS OR 100 USJAL OCCUPATION (Give kind of work done BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of yorking life, even if retired) INDUSTRY COUNTRY % Sal eslady 13. FATHER'S NAME 17 -INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service) IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Dov. Year (City or town) (County) (Stote) Q Hour'o m. factory, street, office bldg., etc.) While Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram 19 67. to 19 6 1, that (we) last and that death occurred at 7.301M, from causes and an the date stated above. saw the deceased alive on 22m SIGNATURE 22b DATE SIGNED ATTENDING STAFF HOW MD PHYS DIRECTOR 22d ADDRESS 22c PHYSICIAN'S Bal ROQUE NAME (Type) C 230 BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)

Parkwood Cemetery

ADDRESS

Baltimore.

2Sb REGISTRAR'S SIGNATURE

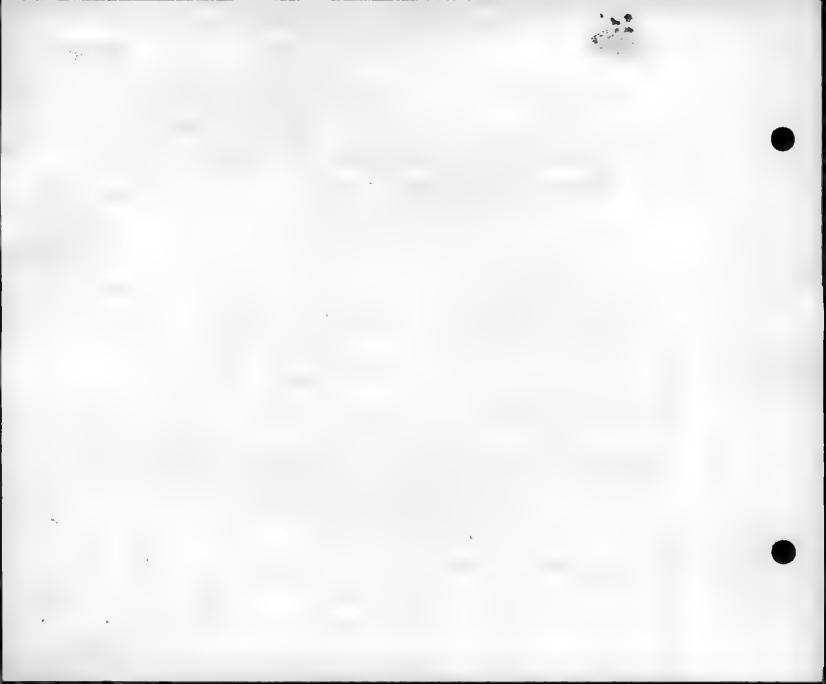
25o. REC D BY REGISTRAR

VR A15 (4) 25M 1/67 REMOVAL (Specify)

Burial

24 FUNERAL DIRECTOR

2-11-1967



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0173	3		CERTIFICAT	E OF DEATH			0173	n .
o. COUNTY Baltimo			MARYLAND	2 USUAL RESIDENCE (V	Where deceased live	ed, if institut o b. COUNT		fare odm ssion)
b CITY OR TOWN	(If outside corporate limit	ts,	C LENGTH OF STAY IN 15	c. CITY OR TOWN (If ou	itside corperate lim	its, write RURA	AL and give nea	rest tawn)
Catons	nd give neorest town) rille			Catons	sville			· ·
	TEAL OR INSTITUTION (IF I	ot n hospitol, gi	ve street oddress)	d STREET ADDRESS				e S RESIDENCE ON A FARM?
	ton Ave.			23 Dutton	Ave.			AEZ 70
3 NAME OF DECEASED (Type or print)	Frank	rst Arnold	Middle	Last	4. DATE OF DEATH	Month Feb.		19 67
S SEX	6 COLOR OR RACE	7 MARRIED		B. DATE OF BIRTH	9. AGE	(In years byrthdoy)	Months Doy	
Male	Cauc.	WIDOWED	DIVORCED	Aug. 15, 18	397 6	yrs Yrs	MOUTHS DOX	s nous Min
100 JSUAL OCCUPAT (during most of work n Reti	DN (Give kind of work done ig life, even if retired) Ted		ID OF BUSINESS OR PUSTRY	11 BIRTHPLACE (County Mary)		ountry)	12. CITIZEN COUNTR USA	OF WHAT
13 FATHER'S NAME	Richard Arn	old		14. MOTHER'S MAIDEN I		ık		
	VER IN U.S. ARMED FORCES?	of conucal	0CIAL SECURITY NO 17 5-12-8108	Mrs. Prank A	rnold	Addres	s	
PART I DE		In.	o), (b), and (c).)	ie 2	James	4.		NTERVAL BETWEEN ONSET AND DEATH
Conditions, if or rise to immedia stating the und		(b) <u>(C)</u> (c)	Chara Az Ka	ies of	-C) 675	Vani	,	Linky
PART II OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COI	NDIT ON GIVEN IN	PARI 1(o)		9 WAS AUTOPSY PERFORMED? YES NO C
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRED	. (Enter noture of injury n	Port I or Port II of	item 18)		
물 Hour d	UURY Month, Doy, Yeor J.m. 19	20d IN. White of work	Not While fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc.)		er town)	(County)	(State)
	tify that (I) (this ha	spital) attend	ed the deceased from_ 19 & Z, and the	4/y , 1 at death accurred at	9 <u>5 9</u> , to 2 23 M, fra	1/18 m causes a	, 19 <u>C.7</u> , nd on the d	that (I) (we) la
220. SIGNATUR	Cin	(CL)	A .	ATTENDING PHYS	MED. DIRECTOR	STAFF PHYS	22b. DATE SI 2	
22c PHYSICIAN NAME (Typ		Ratel	iff	22d ADDRESS 4605 Ed	lmondson	Ave.		
230 BURTAL, CREMAT REMOVAL (Speci Burial	fy) 0 03 (23c NAME OF CEMETERY OF Lorraine	CREMATORY Park Cem.	23d LOCATION	V (City or Tow	,	nty) (State)
24 FUNERAL DIRECT		dmondsen	ADDRESS	2So. REC'I	BY REGISTRAR	2Sb REG	ISTRAR'S SIGNA	TURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fugeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after, death. Poge 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH + 1 2 USUAL RESIDENCE (Where decreesed lived, If institutions Resid new buters admiss of COUNTY b. COUNTY MARYLAND Baltimore OWN (If outs de corporate limits write AUKAL and giving rest town b. CITY OR TOWN uf outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give neerest town) SIRRERAL Eldersburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? after Rolling View Drive YES NOW Baltimore County General Hospital Stat DATE Month Dev DECLASED the OF (Typs or print) Richard S. Ash DEATH Feb. 1967 19 S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8 DATE OF BIRTH AGE (In years) IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months Doys Hours WIDOWED I DIVORCED [17/1920 yrs. , 2, a ge 5 and 10a USUAL OCCUPATION (Give kind of work Give Pages 1, 2, 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Reproduction Mgr. U.S.A. Blue Printing Richard H. Ash Bertha S. Cline 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((Ifyesgivewerordetesofservice) Eldersburg, Md. No Mrs. Alice M. Ash-5 Rolling View Drive 18 CAUSE OF DEATH [Enter only one cause per INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying nsed cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 11 19. WAS AUTOPSY CERTIFICATION PERFORMED? edical YES NO shoul 20e EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Page Month, Day, Year 20c TIME OF INJURY 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm 2Df (City or town) (State) fectory street, office bldg. etc.; Not Wh. work et work | et work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection X. and in my opinion Varded i designated death resulted from Natural causes Accident I Suic de X Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be FUNERAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER ă EXAMINER'S NAME (Type) 22a BURIAL CREMATION! NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 夏40m Lake View Memorial Cemetery Libert _Liberty Rd. 2/6/67 Burial 23. FUNERAL DIRECTOR 24b. REGISTRAR'S SIGNATURE YR A15ME Loring Byers-8728 Liberty Rd. Randallstown, Md. DATE SM 1/62

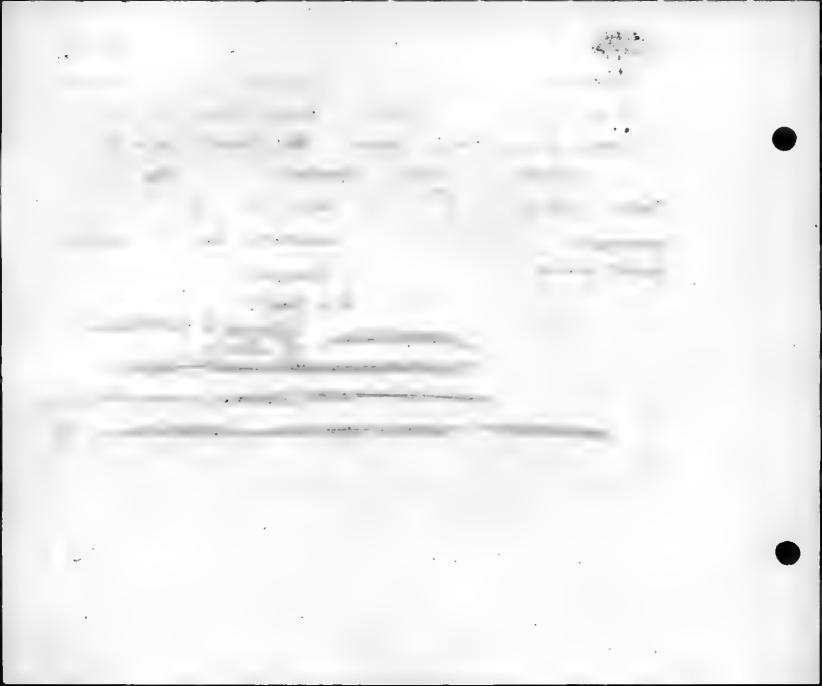


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO CONTINUE OR INTERDING THE NAME THE law requires that the death continues to executed within 24 hours after death.

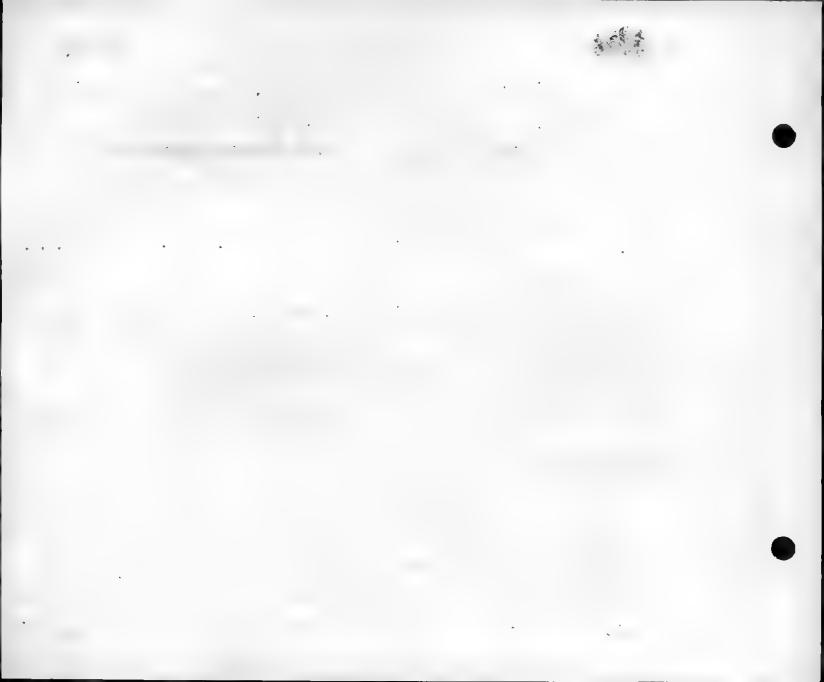
Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO CERTIFICATE OF DEATH	01732

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, 1f institution: Residence before admission)
BALTILIORE MARYLAND	MARYLAND BACTINORE.
b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1h	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) TOWSON 217.04 I day	TOWSON, BACTO, MD. 21204
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. 1S RESIDENCE
GREATER BALTO. MEDICAL CENTER	944 DULANEY VALLEY RD. YES NO E
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) William 3/4	ARNHARD. DEATH FEB 4 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.
Female white WIDOWED DIVORGED	9-25-95 last birthday) Months Days Hours Min.
1Ca. USUAL OGGUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLAGE (County & State, or foreign country) 12. GITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	WOODBRIDGE, N.J. COUNTRY?
HOMEMAICER 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ROBERT GILLIS	DONNOLLY
15. WAS DECEASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SEGURITY NO. 17. (Yes, np. or unknwn) ((If yes give war or dates of service))	INFORMANT HAROLD BARNHAR Address
(1cs, inc, or unknown) (1r yes give war or dates of service)	Same us #2
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	Tag a har har linterval Between
PART I. DEATH WAS CAUSED BY:	Lagure A CO COLO ONSET AND DEATH
IMMEDIATE GAUSE (a)	The Stoles
DUE TO CONTRACTOR	+ 11 P
Conditions, if eny, which gave rise to immediate (b)	
cause (a), stating the DUE TO	and I had a de
underlying cause last. (c) + Correct Control	
PART II. OTHER SIGNIFIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE GONDITION GIVEN IN PART 1(a) WAS AUTOPSY REBFORMED?
3 Destroy Williams	YES NO
202. AGGIVENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OGGU	IRRED. (Enter nature of Injury in Part I or Part II of Item 18.)
PARTII. OTHER SIGNIFICANT GONDITIONS GONTRIBUTING TO DEATH BUT NOT RELA 202. AGGIVENT WAS UNDERLYING TO DEATH OR GONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDIGAL EXAMENER)	
	GE OF INJURY (Home, farm, 20f. (Gity or town) (Gounty) (State)
Hour a.m. While Not While	ry, street, office bldg., etc.)
	11 N 20/7 1 Fell H 20/2 44 10 600 124
21. I certify that (I) (this hospital attended the deceased from saw the deceased alive pn #FR 4 19 6 2 and that	1964, to 1166 1, 190 x that (1) (we) last
saw the degeased alive on 1126 4 19 6 4, and that	death occurred at 250M, from the causes and on the date stated above.
X, e, chang, M.D.	ATTENDING MED. STAFF - 2
22c. PHYSIGIAN'S	22d. ADDRESS
NAME (Type) COOK CACHANG	GISMC
23a. BURIAL, GREMATION, 23b. DATE THEREOF 25c. NAME OF GEMETERY	OR CREMATORY 23d. LOCATION (Gity, town or county) (State)
REMOVAL (Specify)	
Burial Feb. 7, 1967 Cloverlear Par 24. FUNERAL DIRECTOR 1050 YOADRESS Road	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	EED P 4007 (**)
Wm. Cook-Brooks Towson, Towson, Maryland 2	ZIZU4 DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01736 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death puo deat 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH tunera a. COUNTY: o. STATE b. COUNTY Baltimore MARYLAND nours after b CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town Catonsville.
d NAME=OF HOSPITA. OR INSTITUTION (If not in hospitol, give street oddress) Gatonsville il ed in papers IS RESIDENCE d STREET ADDRESS ON A FARM? filed Catonsville 2648 Maryland Avenue House in the Pines NO Se YES within NAME OF Middle Lost 4 DATE Year carbon completely DECEASED 19 John DEATH (Type or print) Barr IF LINDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH NEVER MARRIED lost ginthdoy) Months 26-1882 any (Male White WIDOWED DIVORCED guo 10o USUA, OCCUPATION (Give kind of work done during grost of working life, even if retired) 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR **COUNTRY?** Washington Co. Penna. U.S.A. gud Engineer Ret. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME аг гетоуа Unknown John Barr 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes no, or unknown) (If yes give wor or dates of service) 6 234-05-0031A Mr Preston Barr 5904 Greenhill Avenue crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO To Parolin Yusoulan Diseas Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) SDU CERTIFICATION NO OR ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While at work ot work TO FUNERAL DIRECTOR: After be retained by 21. I certify that (I) (thes hospital) attended the deceased fram. , 1967, that (I) (we) last , 19<u>66</u>, ta 2-1967, and that death accurred at 10 P. M. fram causes and an the date stated above. saw the deceased alive on_ 22b. DATE SIGNED 22a, SIGNATURE director, page 3 should be filed v M.D. DIRECTOR PHYS. TO HOSPITAL (Page 4 may b 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) W 6209 Francisco 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, EREMATION. 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Penna. Cemetery Green Hill Waynesboro 20-1967 FUNERAL DIRECTOR 250, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. funaral 1 ond I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY Baltimore Maryland and completely filled in by the fur e remove carbon papers Pages 1 in ony event, within 72 hours ofter, MARYLANO b. CITY OR TOWN (If outside corporate I mits, write RURAL and give necrest town)
Fort Howard c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) 55 Days Baltimore d NAME OF HOSP TAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e IS RESTOENCE ON A FARM? 2446 W. Baltimore Street Veterans Administration Hospital YES NOX NAME OF Midd e 4 DATE Manth Year DECEASED FEBRUARY 26 1967 JOHN ROLAND BASS (Type ar print) DEATH executed 6 COLOR OR RACE 7 MARRIEDXX OATE OF BIRTH AGE (In years IF UNOER 1 YEAR IF UNDER 24 HRS NEVER MARRIEO birthdoy) Months Oavs Hours Colored Male WIDOWEO OIVORCEO 10a JSUAL OCCUPATION (Give kind of work done 10b KINO OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT that the death certificate be during most of warking life, even if retired)
Truck Driver Social ond Security Norfolk, Virginia 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME or removol, JOHN R. BASS ANNIE IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give war or dates of service 577-18-46-62 Clinical Records, VAH, Fort Howard, Md. 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) NTERVAL BETWEEN signed by the burial-transit burial, cremati PART I. CEATH WAS CAUSED BY: ONSET AND CEATH HEART FAILURE IMMEDIATE CAUSE (a) YEARS Conditions, if any which gove ARTERIOSCLEROTIC HEART DISEASE rise ta immediate cause (a). **OUE TO** stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL O SEASE CONDITION GIVEN IN PART I(g) WAS AUTOPSY PERFORMED? this certificate h detached for use te Dept of Health NEPHROSCLEROSIS AND UREMIA. DIABETTS MELLITUS NO XIX ATTENDING PHYSICIAN: 20a ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of item 18) OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) Nat While ot work at work **DIRECTOR:** After . 19 67. to Feb. 26 1967 that A (we) last 21 | certify that **() (this haspital) attended the deceased from Jan. 3 TO FUNERAL DIRECTOR: Aft director, page 3 should be filed with the Si 1967, and that death accurred at 6:40AM from causes and an the date stated above saw the deceased alive an Feb. 26 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 2/26/67 M.O. OIRECTOR O HOSMITAL 22c PHYSICIAN S 22d, AOORESS NAME (Type) PETER JUVAN. M.D. VA HOSPITAL, FORT HOWARD, 23b OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Page (23g. BURIAL CREMATION. 23d LOCATION (City or Town) (County) REMOVAL (Specify) Baltimore National Cemetery Baltimore, Maryland Buria. 13LOOMS Calhoun St. 2Sq RECO BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 1967 25M 1/67 Kelson Funeral Home Baltimore. Md.



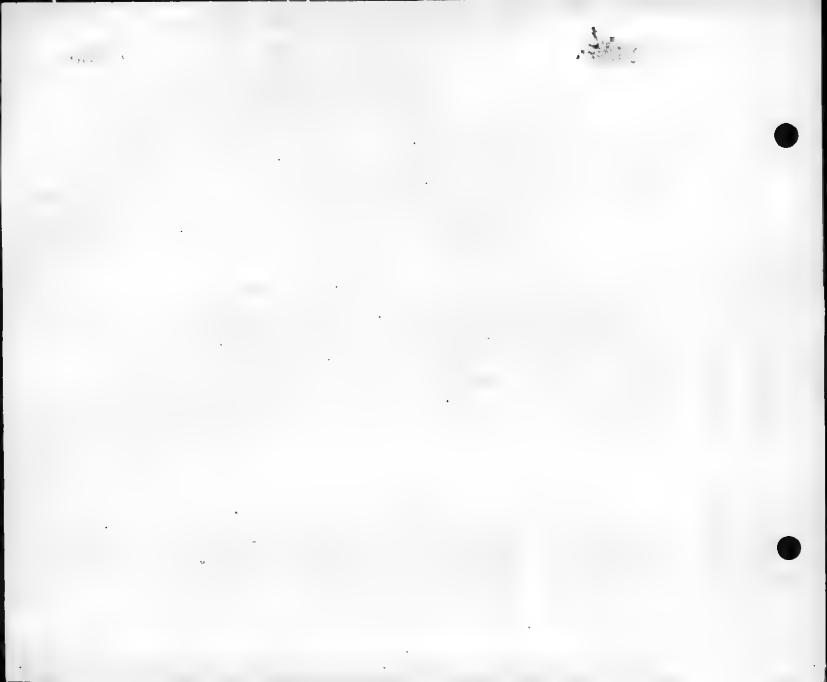
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

deorth		01738		CERTIFICAT	E OF DEATH		01735	
1	- 1	PLACE OF DEATH COUNTY Baltin	ore.	MARYLAND	O. STATE		TY	10)
		OCITY OR TOWN (1 autside carpo write RURAL and give nearest DECK 2/10 I NAME OF HOSPIFAL OR INSTITUT	tawn)	30900,	Baltime	side carparate limits, write RUR	T e IS RESII	DE NCE
ş	4	100 1	1e. Home	2	HOPRIN			NO X
	- 1	Type or print) 77 2. T	First (Florence	Bailless	4. DATE Month OF DEATH Februs		47
	5	7e w	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH DEVOLED 14,	9. AGE (In years last buthday)	Manths Days Haurs	Min,
	duri	LSUAL OCCUPATION (G ve kind of ving most of working life, even if reting the property of the p	work done 10b Kth red) INC	DOF BUSINESS OR USTRY DEP + Nelliams	Baltino 14. MOTHER'S MAIDEN N.	Stote, or foreign country) Le., Md.	12 CITIZEN OF WHAT	
	15	John T. B.	Billess	OCIAL SECURITY NO. 17.	annak	BurRe		
		s, na, or unknawn) (If yes give wa	r or dates of service) 22	0-54-6127	Recordant md		A .	rille
		4200	D BY: ATE CAUSE (o) 4 CO DUE TO	a), (19), and (c).)	Lil Kaen	+ lessage	INTERVAL BET ONSET AND D	
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO (c) 3. 80	rontho An	Europij	4) senelik		
	CATION	PART I OTHER SIGNIFICANT CON	IDITIONS CONTRIBLTING TO	DEATH BUT NOT RALATED TO	THE TERMINAL DISEASE CONT	DITION GIVEN IN PART 1(a)	19 WAS AUTO PERFORM YES	DPSY ED7 NO
	L CERTIFICATION	20a ACCIDENT WAS UNDERLYING I OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMI	EATH	CRIBE HOW INJURY OCCURRED.	(Enter nature of injury in P	ort I ar Part II af item 18.)		
	■ED CAL	20c. TIME OF INJURY Month, Do Hour a m. p.m.	γ, Yeor 20d IN: While at work	Not While for	ACE OF INJURY (Home, form, tary, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
		21. 1 certify that (I) (saw the deceased aliv		ed the deceased fram (of death accurred at	25 ta 1261/3	that (I) (we) last l abave.
		220 S GNATURE	Emple A	tered MED'M	D. PHYS.	MED STAFF DIRECTOR PHYS	Tel 3, 19	37
		22c PHYSICIAN'S NAME (Type)	NSHID A	PAMED . M	22d. ADDRESS Ma	som (Hors	ue	
	230	and the same of th	DATE THEREOF b. 15,1967	23c. NAME OF CEMETERY OR Green Mount		23d LOCATION (City or Tow Baltimore		tate)
	24. W1	funeral director m. Cook-Brooks	•	ADDRESS		BY REGISTRAR 255. REC	STRARS SIGNATURE	u

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(01740	CERTIFICATE	OF DEATH		01737
		ORC MARYLAND	0. STATE/17/11 R	re deceosed lived, if institution Re GOUNTY	Cecil
(o CTY OR TOWN (If outside corporate mits, write RURAL and give nearest laws) A NAME OF HOSPITAL OR INSTITUTION (If not in his	sprtal, give street oddress)	CELTY OR TOWN (IF outsid	Sun M	4 ry / 4 // C/
5	bring GROVE	State Hospital	R.D.	#2	ON A FARM? YES NO
3	TAME OF DECEASED Type or print) CIEOR 92	F-RANKLIN 1	BINES SE	DATE Month OF DEATH	9 19 6 7
S.		ARRIED NEVER MARRIED 8 DOWED DIVORCED J	ANUARY ?!	902 G yrs. Mon	
dur	USUAL OCCUPATION (Give kind of work doneing most of working life, even if retired). ###################################	106 KIND OF BUSINESS OR	11. BIRTHPLACE (County & St.	/ANd	COUNTRY? . 5
13.	FATHER'S NAME VIIIIAM	Bines	14. MOTHER'S MAIDEN NAM 5 /4 /6	PAH BC	oyd
15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dates of service 2 Known)		cords: Spp11	ng Grove Sta	he Hospital
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (0), (b), and (c).) Septice:	niA	/	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave hise to immediate couse (a),	Decubito	13 1/10	·· PR	unknewn
	stoting the underlying couse DUE TO lost. (c)		<u></u>		
ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO TI	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
CERTIFIC	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OCCURRED (I	Enter noture of injury in Port	1 or Port II of item 18.)	
MEDICA	20c TIME OF INJURY Month, Doy, Year Hour o.m. 19 p.m. 19		E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that (I) (this haspital) saw the deceased alive an 1-2-5			46, ta <i>Feb. T</i> , 10 PM, fram causes and	
	220. SIGNATURE	ysari MD		D. STAFF RECTOR PHYS.	2 /9/67
	22c. PHYSICIAN'S FERDINA NAME (Type) FERDINA	ANCI /MASSAR	226 ADDRESS 3 /3.	Ring Croope	3/44 /45 BIA
230	BURYAL, CREMATION 23b. DATE THEREOF	23c MAME OF CEMETERY OR C	REMATORY	23d tOCATION (City or Town)	(Cepnty) (State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burio-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 bours after death. VR A1574

FUNERAL DIRECTOR

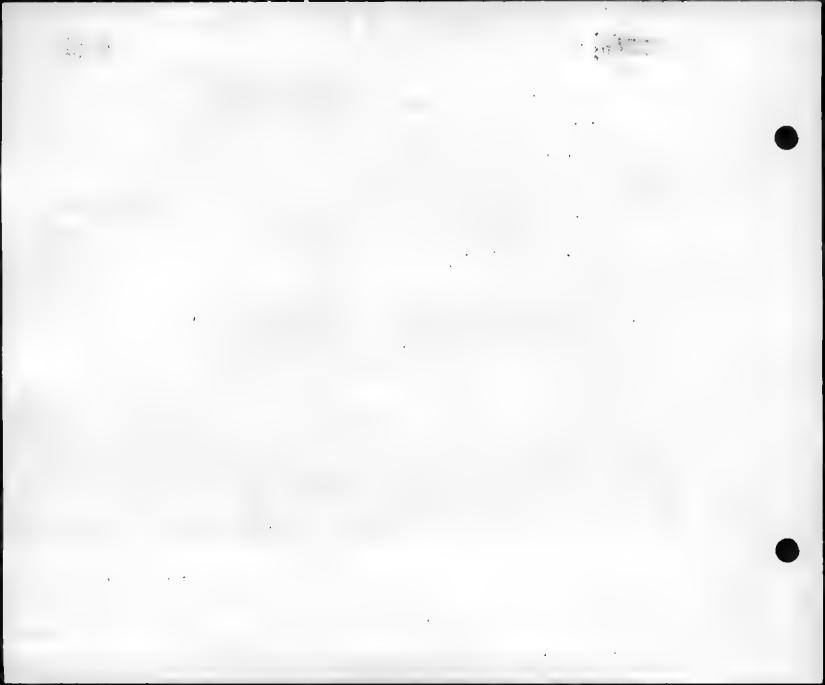
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death

Poge 4 may be retained by the haspital or attending physician.

ADDRESS

250. REC'D BY REGISTRAR B

25b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH, AND RECORDS, 301 W. PRESION STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral retrove corbon papers. Pages 1, and a fame-yent, within 72 hours offer death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH b. COUNTY o COUNTY Baltimore Maryland Baltimore MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Govans / Maryland 2yr4mth6dys Lelair Catonsville d STREET ADDRESS 022/Regus Ger/Ayenue e IS RES DENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? /Nunsing/Home HOSPITAL GRO VE STATE SPRING YES NO DATE 3 NAME OF Middle First Dov Year Binkley OF DECEASED Olga 67 11 February 19 DEATH (Type or print) IF JNDER 24 HRS IF UNDER I YEAR B. DATE OF BIRTH AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED birthday) Months Doys Hours Dec. 10, 1886 1 DIVORCED white WIDOWED female puo 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT U COUNTRY? physician o during most of working life, even if retired) INDUSTRY New York puo 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME burios, cremotion, or removol, offending phys Minnie John Henry Olyann 17. INFORMANT Address 16. SOCIAL SECURITY NO. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no, or unknown) ((If yes give wor or dates of service) 218-03-5070D STATE HOSPITAL Records: SPRING GROVE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-transit g ONSET AND DEATH PART 1, DEATH WAS CAUSED BY. Myocardial infarction IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physicion. DUF TO Conditions, if any, which gove Arteriosclerotic heart disease rise to immediate couse (o), DUE TO stating the underlying couse been os the prior to Generalized arteriosclerosis last WAS AUTOPSY PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) has be detached for State Dept. of Health pr PERFORMED? CERTIFICATION YES [NO this certificate 200 ACCIDENT WAS UNDERLYING □ 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20s. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. While Not While ot work O FUNERAL DIRECTOR: After 8640 21. I certify that (9) (this haspital) attended the deceased fram Oct. Feb. 1967, that (0) (we) last director, page 3 should should be filed with the saw the deceased alive an Feb. 1119 67, and that death occurred at M, fram causes and an the date stated above. H . 22b DATE SIGNED 220 SIGNATURE MED STAFF 2-11-67 X M.D DIRECTOR HUSPITAL STAIR 22d ADDRESS CIROVE 22c. PHYSICIAN'S Narciso W. Carmona NAME (Type) 21228 Maryland Baltimore. 236 NAME OF CEMETERY OR CREMATORY (Stote) 23d. LOCATION (City or Town) (County) 230 BURIAL CREMATION oudon 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 20 M 1/66



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		DIVISION OF VITAL RECORDS, 301 W. PRESTO		1890
FOR STATE		01742 MEDICAL EXAMINER 3	CERTIFICATE OF DEATH	1739
HEALTH DEPT.		LACE OF DEATH COUNTY	2 USUAL RESIDENCE (Where deceased lived, if institution: Res	idence before admission)
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P P P P P P P P P P P P P P P P P P P	ŀ	CITY OR TOWN (If outs de corporate limits, C. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate in its, write RURAL and	give neorest town)
y delay is y delay is ond 3 to PM3 Page ortment of		RADIA 11 Stoun Minutes	Finksburg,	
dependent of the pendent of the pend		NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress)	d STREET ADDRESS	0 IS RESIDENCE ON A FARM?
I within 24 naurs ofter deoth If any delay is n pencil in Item 18. Give Pages 1, 2, and 3 to Examiner's Office along with form PM3 Page File pages land 2 with the State Department of 2 hours ofter death.		Baltimore County General Hospital	Route 2	YES NO Z
Pages with for	3. }	AME OF First Middle FCEASED	Last 4, DATE Month	Doy Year
ive ive	((ype or pant) Stewart / V.	BLAIK DEATH redruary	12, 19 67
naurs offer deoth fem 18. Give Page Office along with ane Zwith the Stat	S. S		last history) Manti	DER TYEAR IF UNDER 24 HRS
in 18.		Vale White WIDOWED DEVORCED	000, 7, 7,00	CITIZEN DE VIENT
d within 24 naurs ofter din pencil in Item 18. Give Exominer's Office along we File pages tona Zwith the 2 hours ofter death.		LSUAL OCCUPATION (Give kind of work done prost of working life, even fretized) ALINTENDE MAN WATER SUPPLY CITY		COUNTRY?
1 24 H in It	1	HAINTENCE MAN WHILE SUPPLY "	14 MOTHER'S MAIDEN NAME	U 3.A
be executed within "pending" in pencil viet Medical Exomine unsit permit. File pagent within 72 hours o	1	Lee BlAIR	EMMA MAtheson	
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	INFORMANT Address	
executed nding' ir Medical 8 permit. I	(Ye	no, or unknown) (If yes give war ar dotes of service).	les. MARY BlAIR - Rt. 2 H	Tinks burg, Md
e execut pending ef Medica sit permi	H	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))		INTERVAL BETWEEN
should be e ne word "per to the Chief I buriol-transit n any event v		PART I DEATH WAS CAUSED BY MMEDIATE (AUSE (a) Massive pulmonar	ry emboli complicating fractu	re ONSET AND DEATH
ord ord		OUE TO of left patella		
shou wo the the any		Canditions, if any, which gave (b) (b)		
the same the		storing the underlying couse DUE TO		
ting rided os o		lost (c)		
MINER: This certificate should be executed the certificote, writing the word "pending" is 4 should be forworded to the Chief Medical or files. In should be used as a buriol-transit permit. Totion, or removal, and in any event within 72.	CERTIFICATION	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED? YES X NO
INER: Thi e certification should be files. 3 should be ion, or rem	層	200 EXTERNAL CAUSE WAS PRIMARY CAN CONTRIBUTING CONTRIBUTING Driver of truck	(Enter noture of injury in Port I or Port II of item 18) Which struck another truc	l- d
EXAMINER: 1 cute the certific oge 4 should by 1 your files. Page 3 should cremotion, or 1		CAUSE OF DEATH Fractured/Left/	kiiéé/c/3b/ on/ yop/	K IN FEAT
S S S S S S S S S S S S S S S S S S S	MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form, 20f (City or town) ctory, street, office bldg , etc.)	(County) (State)
XAMINER ute the cer age 4 shou your files. Your files. Page 3 sho	18	9:30 Not While of work Not While of work IN of work	work Highway - Ba	ltimore Md
Example Contents on your your Yough R: Page		21. I certify that I took charge of the remains described above, hi	eld on Autopsy [X], Inspection [], inquiry [ond in my opinion
CT of the control of		aeoth resulted from. Notural causes, Accident 😿 , Sui	icide 🔲, Homic de 🔲, Unaetermined monner	
MEDICAL MEDICAL Grector Betained for DIRECTOR		ACTUAL OF TOTAL	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
A P P P P P P P P P P P P P P P P P P P		SIGNATURE Man Some	M D ASSISTANT MEDICAL EXAMINERX	ZZ. DATE SIGNED
TO DEPUTY MEDICAL EXAM necessory, pleose execute the funeral director Poge 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, cremo		EXAMINER'S Charles S. Springate, M.D.	DEPUTY MEDICAL EXAMINER Address (Street, city town, or county) Febru	ary 13, 1967
DE fundament	230	BURIAL (REMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR		(County) (State)
5 = 25 = 0	1	REMOVAL (Specify) 2-16-67 Providence	Paradon (Assell)	na.
NO VIENE IEI	24	FUNERAL DIRECTOR ADDRESS	MATERICA BOREGISTRAN 250 REG. STRAN	S SIGNATURE
VR A 15ME (5)		Harry Y.C. Haight Syscopietle	DATE 20 1301	200



Not While al work | et work

20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 1

factory, street, office bldg., etc.)

STAFF

123d. LOCATION (City, town or county)

20f. (City or town)

(County)

(State)

22b. DATE

SIGNED

22c. PHYSICIAN'S

NAME (Type)

20c. TIME OF INJURY

saw the deceased alive on Dec. 1 19.66 and that death occurred at OAM, from the causes and on the date stated above. 22m. SIGNATURE

Month, Day, Year

23c. NAME OF CEMETERY OR CREMATORY

Evergreen Mem. Cardens

22d. ADDRESS

Main St. Reisterstown, Maryland

	REMOVAL (Specify) Buriel
1	OA SUNERAL DIRECTOR

FUNERAL DIRECTOR'S SIGNATURE

23a. BURIAL, CREMATION, 1 23b. DATE THEREOF

Owings Mills, Md.

DATE

DIRECTOR

25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

Finksburg, Maryland

A15 (4) 15M 7-62



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01744 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission.) o. COUNTY o. STATE b. COUNTY Baltimore Md. MARYLAND b CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Baltimore Catonsville d NAME OF HOSPITAL OR INSTITUTION (14 not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Summitt Nursing Home 4624 Belair Road NO D 3 NAME OF Middle Lost 4 DATE Month Year DECEASED MARIA BOGNANNI OF. Feb. 67 (Type or print) DEATH F UNDER 1 YEAR S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF SIRTH AGE (In years JE LINDER 24 HRS lost birthdov) Months Doys Hours 5/18/82 female white WIDOWED X DIVORCED 84 10o US_AL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Coat Felter INDUSTRY COUNTRY? Dvorak Bros. Italy Italv 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bayli unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no ar unknown) (If yes give war or dates of service 216-02-2907 Josephine Udes, daht, above INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line fet (o). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CFRTIFICATION NO 200 ACC DENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INIURY OCCURRED 20e. PLACE OF INJURY (Home, form) (City or town) (Stote) 20c. TIME OF INJURY Month, Dov. Year (County) factory, street, offige bldg. Hour e.m. Not While gt work 21. I certify that (I) (this hospital) attended the deceased from and that death/accurred from causes and an the date stated above saw the deceased aliveran 22o. SIGNATURE 22b DATE SIGNED ATTENDING MD. PHYS PHYS. 22c PHYSICIAN'S Frederick Road Dr. McGrath NAME (Type) 230 BUR-AL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 2/11/67 Baltimore, Holy Redeemer Cemetery Md.

ADDRESS

Funeral Home, Inc.

3331 Brehms Lane

2So. REC'D BY REGISTRAR

2Sb

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REGISTRAR S SIGNATURE

requires that the death certificate be executed within 24 hours after death. by the funeral Pages 1 and campletely filled in by the ove carban papers. Page y event, within 72 hours al campletely filled in any and physician (signed by the attending pleasure. They burial-transit permit. They burial, crematian, ar remot attending physician. use as the leath prior take has been O FUNERAL DIRECTOR: After this certificate by the haspital ar j af detached te Dept. af ATTENDING be retained director, page 3 shauld be filed w TO HOSPITAL Page 4 may b 20 M 1/66

and

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VR A15 (4)



01745

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			,
	CERTIFICATE	OF	DEATH

	01745	CERTIFICAT	E OF DEATH	0174	12
Ī	PLACE OF DEATH o COUNTY Baltimore b (ITY OR TOWN (f outside corporate limits, write RURAL and give nearest town)	MARYLAND C LENGTH OF STAY IN 16	Maryland c CITY OR TOWN (If ou	Where deceosed I ved, if institution Resider b COUNTY utside corporate limits, write RJRAL and giv	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hose 292 Bloomsbury Ave.	pital, give street address)	d STREET ABORESS 292 Elooms	Sbury Ave.	e S RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASED (Type or print) Willia	Middle am O. Bomberger	Lost	4. DATE Month OF Feb. 26, 19	Day Year 67 19
5	SEX Male 6. COLOR OR RACE 7 MA Cauc. WID	RRIED NEVER MARRIED DIVORCED DI	B. DATE OF BIRTH Cct. 25,19	9 AGE (In years IF UNDER On this	Doys Hours Min
đυ	rng most of working ite, even if retired) Ret. Accountant FATHERS NAME	U. S. Gov t.	Marylar 14. MOTHER'S MAIDEN	ad . C	TIZEN OF WHAT IJNTRY? SA
15 (Y	Late - Arthur Bor . WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of serv ce		INFORMANCIara F	Frances Bomberger Address ary Ave Apt. B-9	
	IB. CAUSE OF DEATH (Enter only one couse per I PART ! DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove	EARDIAC		7.	INTERVAL BETWEEN ONSET AND DEATH
	rise to immediate couse (a). stoting the underlying couse (c) (b) DUE TO (c)	CARCINO		٥6,	15 MO.
AT ON	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBE	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE COI	NDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
L CERT FICAT ON	20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Port For Port Fof Hem 1B)	
MEDICAL		While Not While of work of work	LACE OF NJURY (Home, form portory, street, affice blag., etc.)		unty) (State)
	21. I certify that (1) (this hospital) say the deceased alive an	attended the deceased fram_ 10 19 and th	at death accurred a	139 to 2-26, 190 139 M, fram causes and an ti	he date stated abave
	220 SGN/JURE VITOV		A D PHYS	MED STAFF 22b D.	ATE SIGNED
		Thorpe, M. D.		umbia Pike-Ellirot	
	BURIAL (REMATION, 86MOYA. (Specify) 3-2-67	23c NAME OF CEMETERY OF Meadowrid.	ce Cem.	Baltimore, M	
2	Funeral director Witzke F. D 4101 Ed	address dmondson Ave.	250. REC'T	B 2 8 1967 Com	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fine director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 iml. CERTIFICATE executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) by the funerol Poges 1 and ond PLACE OF DEATH o COUNTY p STATE b COUNTY ofter 1 MARYLAND CITY OR TOWN (If CITY OR TOWN (If outside corporate limits, E LENGTH OF STAY IN 16 outside corporate limits, write RURAs and give nearest town? write RURAL and give nearest town) IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS event, within 72 NO F 3 NAME OF Middle 000 4. DATE Month Lost Dov Year completely DECEASED OF DEATH 2-2 19 6 Corl (Type or print) S SEX AGE (In years IF JINDER 1 YEAR IF LINDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH remove lost birthdoy) Months Doys Hours in ony WIDOWED 32 DIVORCED ond 100 JSUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 1). BIRTHPLACE (County & State or foreign country) 12 CIT ZEN OF WHAT physicion on please during most of working life, even if retired) COUNTRY 2 Home ond TIMORE MUSE W requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, GARDNEN signed by the attending phy buriof-transit permit. Then 17 INFORMANI WAS DECEASED EVER IN ILS ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service burial, cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o attending physicion DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a) DUE TO for use as the b l'Health prior ta b stating the underlying couse this certificate has been O HOSPITAL OR ATTENDING PHYSICIAN: The law last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 WAS AUTOPS PERFORMED? NO. by the hospitol or 200 ACCIDENT WAS UNDERLYING ... 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH Stote Dept. of detached (F EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour a.m. While Not While foctory, street, office bldg., etc.) 19 at work TO FUNERAL DIRECTOR: After of work þe 21. I certify that (I) (this haspital) attended the deceased fram be retained director, page 3 should should be filed with the 551 M. fram causes and an the date stated above. saw the deceased alive an and that death accurred at 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR PHYS 22c PHYSICIAN'S 22d. ADDRESS Poge 4 moy NAME (Type) 230 BUR AL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) HOLY DEEMER EM. **ADDRESS** 250. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01748 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) o COUNTY b. COUNTY Baltimore Maruland MARYLAND b CITY OR TOWN (If auts de carparate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) write RURAL and give nearest town) Baltimore Baltimore is NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? Nilkord Manor Nursina Home 3418 Ripple Road YES NO [3 NAME OF DECEASED Middle 4 DATE Month OF MATHILDE BORRIS (Type or print) February 10. DEATH 5 SEX 6 COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED DATE OF BIRTH last birthdoy) WIDOWFD DIVORCED White 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 1] BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Housewife 13. FATHER'S NAME At Home (ISA Germanu 14. MOTHER'S MAIDEN NAME Oppenheimen Rosa 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
[Yes, no, or unknown) [(If yes give war or dates at service) 16. SOCIAL SECURITY NO. 17. INFORMANT No Gunther Borris 18 CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c).
PART 1 DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if only, which gove rise to immediate couse (a). DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION Terrer C. Oshnection NO 20o ACCIDENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year Hour o.m. 20d. INJURY OCCURRED 20e PLACE OF .NJURY (Home, form, (Cly or fown) (County) Not While foctory, street, office bldg., etc.) ot work 21. I certify that (I) (this haspital) attended the deceased fram 19 47, and that death accurred at 6 12 M, from causes and an the date stated above sow the deceased abve on. 22o. SIGNATURE 226 - TE SIGNED STAFF PHYS. DIRECTOR M.D PHYS 228 22c PHYSICIAN'S NAME (Type) 3103 North Charles Stree 1284 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23d LOCATION (City or Town) (County) REMOVAL (Specify) Cheuna Ahavas Chesed Roberts 250. REC'D BY REGISTRAR Burial

TO FUNERAL DIRECTOR: After this certificate VR A15 (4) 25M 1/67

be retained by

O HOSPITAL

death.

oon papers. Pog within 72 hours

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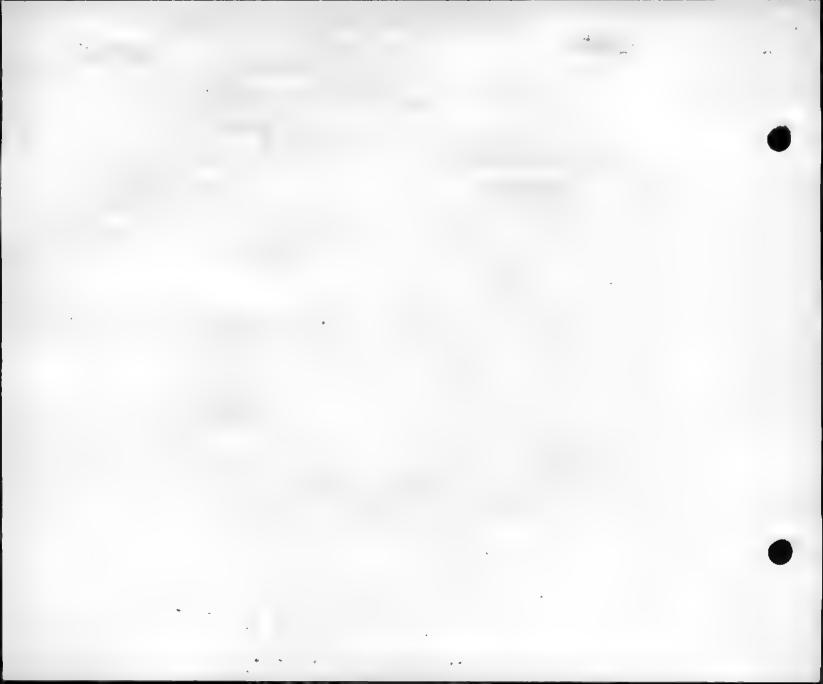
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The law requires that the deoth certif

24. FUNERAL DIRECTOR Sol Levinson & Bros. Inc., 6010 Reist., Rd. Randallstown



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT.

after death If any delay is 8. Give Pages 1, 2, and 3 ta dalang with form PM3. Page State Department of TEDITUTY MITTAIL EXAMINER: This certificate should be executed within 24 pows after death if necessary, please execute the certificate, writing the ward "pending" in pencil in first 18. Give Pages I the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form

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	TO FUNERAL DIRECTOR: P	4
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VR A15ME (5)

	01749		MED	ICAL EXAMIN	ER'S	CERTIFICATE O	F DEATH	0.1	746	
1	PLACE OF DEATH		*		-	2 SUAL RESIDENCE (Ahere deceased lived	if rotation Re	sidence before a	dmission)
	o. COUNTY Bal	imore		MARY.	AND	o STATE Maryla	and	b. COUNTY B	altimor	•
Г	b CITY OR TOWN (f auts de corporate limit	5,	E LENGTH OF STAY IN	16	C. CIY OR TOWN (If DE	tside corporate I m ts	write RURAL and	d give nearest to	ıwn)
	Dung	(give nearest tawn)	ll Yrs.	Dunda]	Lk					
	d NAME OF HOSPITA	AL OR INSTITUTION (1 n	ot n haspital g	ive street address)		d STREET ADDRESS		4		S RES DENCE
	2522 McC	Comas Ave.				2522 McCon	nas Ave.		YES	ON A FARM?
3	NAME OF	F	rst	Midd e		Lost	4 DATE	Month	Day	Year
	(Type or pant)	Min	nie			Bosley	OF DEATH F'C	bruary	2	19 67
5	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		DATE OF BIRTH	9 AGE (II	yeors FUN	DER I YEAR IF	UNDER 24 HRS
_	emale	White	WIDOWED	DIVORCED		2/11/81		rthday) Mont yrs	ths Days	Hours Min
100	USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (Stote	ar foreign country)	1	2 (TZEN OF W	HAT
	ring most of working. Housewi	ie	1111	JUNIE I		New York			U. S.	Α.
13	FATHER S NAME					14 MOTHER'S MAIDEN I	NAME			
	Henry	Pfort				Not Kr				
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war or dates	of sangral	OCIAL SECURITY NO	17 1	NFORMAN (Husbar	ıd)	Address M.	aryland	
	No	In tea dise son or do es	215	-54-1878	Abr	am W. Bosle	y, 2522 M	cComes 1	Ave. Du	ndalk,
		ATH (Enter only one cou	se per line for	(o) (b), and (c))	_					AL BETWEEN
	PARTI DEAT	'H WAS CAUSED BY: IMMEDIATE CAUSE	(a) H	-5-C-V	- 0/	Se BSQ			UNSET	AND DEATH
	1422	DUE	T0		1.					
	Conditions, if ony, rise to immediat		(b)	Seniy	-7_					
	stating the under		TO							
	las†)	(c)							
CERTIFICATION	PART II OTHER SA	GNIFICANT CONDITIONS O	ONTRIBUTING TO	O DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PAR	T I(o)	19. WA PEI YES	AS AUTOPSY REORMED?
읦	200 EXTERNAL CA		20b DES	CRIBE HOW INJURY OR	URKED (Enternature of nury in	Fart Lor Part Lof ite	m 18 ¹	1	
ER	PRIMARY Or COI CAUSE OF DEATH.	ATRIBUTING L.I		/ V	1					
MEDICAL (20c TIME OF N.C. Hour a.n	RY Month, Doy, Year	20d N While at work	Not While		E OF NURY (Home, form ry, street, office bldg, etc.)		fowo)	(ounty)	(Stote)
	21 L certify	e that I tank chara			wa hal	d an Autopsy	Inspect on 🕱	Ing usy 5	x , and in	my anintan
	death result		al causes 🗶			de , Hamicide		ned manner		my upinium
	u cum · cum	2000	A	,	30 (1	CHIEF MEDICAL		ined manner		
	ACTUAL SIGNATURE	1119	DA	M			CAL EXAMINER	2/	3/67 22.	DATE SIGNED
	EXAMINER'S	7					LEXAM NER X 6			Rd.
	NAME Type)	Melvin B.	Davis		M.		, city, town, or county			
230	BUR AF, CREMAT C	N, 23b DATE TH		23c NAME OF CEMET	ERY OR C		23d LOCATION C			(Stote)
B	REMOVAL (Specify	2/6/6	7	Oak Lawn	Come	etery	Bal	timore	M	aryland
_	4. FUNERAL DIRECTO			ADDRESS	2.5		BY REGISTRAR	25b REGISTRA	[] / /	
J	ohn J. Di	ida, 7922 W	ise Ave	Dundalk,	Md.	F DAR	1967	west,	D X 0	

HIVES GAY MAY

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE HEALTH DEPT PLACE OF DEATH a. COUNTY b. COUNTY a. STATE Baltimore Department after death. cessary, c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) OWNOR e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) State hours Loch Kaven NO. DATE NAME OF Middle Month Year Lest DECEASED 0F margaret Bowerman DEATH 19 (Type or print) 2 with within after death. If an 3. Give Pages 1, 2 6. COLOR OR RACE 17. MARRIED AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS 9. NEVER MARRIED last birthdey) Months WIDOWED IX white l and event 10a. OSUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housenste 13. FATHER'S NAME MOTHER'S MAJOEN NAME EXAMINER: This certificate should be executed within 24 hour ne certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Officer Margaret A PER Address 16. SOCIAL SECURITY NO. (Yes, no, or unknwn) (If yes give war or dates of service) permit. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line-for (a), (b), end (c). ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: cremation, or IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the d underlying cause last. used as to burial, WAS AUTOPSY PERFORMEO? ICATI NO K YES ld be 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING Fell on floor of Hone CAUSE OF DEATH. 3 should agent, p 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) MEDICAL factory, street, office bldg., etc.) while Not While X City Dec 27 19 66 Palto. Page 21. I certify that I took charge of the remains described above, held-an Autoosv Inspection and in my opinion DIRECTOR: Undetermined manner Suicide Homicide death resulted from: Natural causes-Accident > CHIEF MEDICAL EXAMINER YOUR 22. DATE SIGNED Health or for York Rd DEPUTY MEDICAL EXAMINER O FUNERAL please ex director. retained Charles F. Q20 Donnell Balto. Md. Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) imone, hwood. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Inc Baltimore, Ind. VR ALSME (5) Ruck

Item 20 Film 385 2-14-67

1/65



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01751			CERTIFIC	CATE	OF DEATH		ſ	17/10	
PLACE OF DEATH				T	2 USUAL RESIDENCE (\	Where deceased ver	i, if institution	Residence peror	
a. COUNTY BY	LTIMORE	-	MARYLA	IND	O. STATE ARLYL	AND	b county	LTIME	RE
b CITY OR TOWN	(If autside carparate iimits		c LENGTH OF STAY IN	1b	C. CITY OR TOWN (f ou	itside c <mark>orporote l</mark> imit	s, write RURAL o	and give neares	st town)
BAL	nd give nearest tawn)		20 hour	2.	BALT	IMORE			
d NAME OF HOSPI	TAL OR INSTITUTION (If no		· ·		d. STREET ADDRESS			,	e IS RESIDENCE ON A FARM?
GREATER E	BALTIMORE	MEDICI	OL CENTRE	=	10 BRIA	RWOD.	D RO	A.D	YES NO
3 NAME OF DECEASED	Fir		Middle	^	Last	4 DATE	Manth	Day	Year
(Type or print)	J05E		THOMAS		OWERS	OF DEATH	FEB.	2	1 196/
S SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH	9. AGE		UNDER 1 YEAR Onths Days	Hours Min.
M	call.	WIDOWED	DIVORCED		3.19. 1903				
during mast of working	N (Give kind of work done of life, evan if retired)		D OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County)			12 CITIZEN OF COUNTRY?	S. A.
13 FATHER S'NAME S AM U	EL H. BOW	ERS			14. MOTHER'S MAIDEN I				
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give war or dates a	16. 5	OCIAL SECURITY NO. 4-60-120		ORMANT TO	its	Address	ART	-
T IB. CAUSE OF D	PEATH (Enter only one cou			1	1411	EMI		INT	ERVAL BETWEEN
	ATH WAS CAUSED BY: IMMEDIATE CAUSE	· Ch	Y axy	9 DD	12				ISET AND DEATH
	DUE		. 4		.0	, ,	A A	,	
Canditions, if an	y, which gave	(b) _ CAU	reinoan	au	Thor	tale	glain	ol:	
stating the und	erlying cause DUE	10				(1		
last.	,	(c)							
PART II OTHER S	IGNIFICANT CONDITIONS (ONTRIBLTING TO	D DEATH BUT NOT RELATI	ED TO THE	TERMINAL DISEASE COM	IDITION G VEN IN PA	ART I(a)		WAS AUTOPSY PERFORMED? ES NO X
OR CONTRIBUTION	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	URRED (E n	ter nature of injury in	Part I ar Part II of i	tem IB.)		
20c. TIME OF IN	IURY Month, Day, Year				OF INJURY (Home, farm, street, office bldg., etc.)		or town)	(County)	(State)
p	m. 19	While of wark						1.	
21. I cert	ify that (I) (this has	pital) attend	ed the deceased fro	am_ F	EB 20 ,1	967, to F	EBZI	, 1907, th	at (I) (we) las
	leceased alive an _F	EB 2	15+ 1967., an	d that c	leath accurred at	6 • 0 ft M, fron			
220 SIGNATURE		hae	are our.	M.D.	ATTENDING PHYS		TAFF HYS D	22b DATESIGN スー21	1 4
22c. PHYSICIAN' NAME (Type		GREG	de		greater	Balke	rphe	Med	- Centro.
23a BURIA, CREMAT		REOF	23c. NAME OF CEMETE	RY OR CR	/	23d LOCATION	(City or Town)	(Caunty) (State)
BURIAL (Specif	1 -129	167		Pidge			MORE	Co	Md
24. FUNERAL DIRECT	A ()		ADDRESS	100		BY REGISTRAR	0071	RAR S SIGNATUL	RE
8 K 21	20 Walker		301 Fredery	ax K	dy DATIFF	R 2 4 196	X	Lerrond)	

Balto Ures Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 ahould be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01752 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a COUNTY 6 COUNTY BALTIMORE MARYLAND c. LENGTH OF STAY IN 15 b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If putside corparate limits, write RURAL and give nearest town) write RURAL and give neorest town) 2h5 DAYS FORT HOWARD. BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? S. WICKHAM ROAD YES NO D VETERANS ADMINISTRATION HOSPITAL NAME OF First Middle DATE Manth Doy Year DECEASED 0F MERINANIAN FEBRUARY 15 CHRISTIAN BRANDT 19 67 (Type or print) DEATH IF LNDER 24 HRS S. SEX 6 COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR NEVER MARRIED lost birthday) Manths Days Haurs WIDOWED DIVORCED OCTOBER 8, 1893 MAIR WHITTE 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) NDUSTRY PTPERTUTER RATIROAD BALTIMORE. MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME FREDERICK BRANDI MARY DAUM IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT VA HOSPITAL (Yes, na, ar unknown) (If yes give wor or dates of service 218 03 FORT HOWARD, MARYLAND YES CLINICAL RECORDS INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: GONSEA AND DEATH HEPATIC COMA IMMEDIATE CAUSE (a) DUE TO LAENNEC'S CIRRHOSIS Conditions, if ony, which gave UNKNOWN rise to immediate cause (a), DUF TO stoting the underlying couse 19. WAS AUTOPSY PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) PERFORMED? CARCINOMA OF PROSTATE. POST OPERATIVE REMOVAL OF MENINGIOMA YES [NO CERTIFICATI 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING FITCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) factory, street, office bldg., etc.) Haur a m. While Nat While of wark L at work deceased from MAY 17 , 19.66 , to FEB. 15 , 19.67 , that (1) (we) last 19.67 , and that death accurred at 5514 M, from couses and an the date stated above. 2). I certify that (1) (this hospital) attended the deceased from sow the deceased alive an 22b. DATE SIGNED 22a SIGNATURE ATTENDING STAFF 2/15/67 M.D. PHYS. DIRECTOR ADDRESS 22d GEORGE ELFATRICK, M. D. FORT HOWARD, MARYLAND 230 BURIAL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BALTIMORE. MARYLAND BALTIMORE NATIONAL 24. FUNERAL DIRECTOR **ADDRESS** 250, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

AMBROSE FUNERAL HOME

ARBUTUS, MARYLAND

Page 4 may 0 VR A15 (4) 20 M 1/66

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Pages

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State Dept. of detached

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signed burial burial

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certificate

DIRECTOR:

FUNERAL

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Q7 and

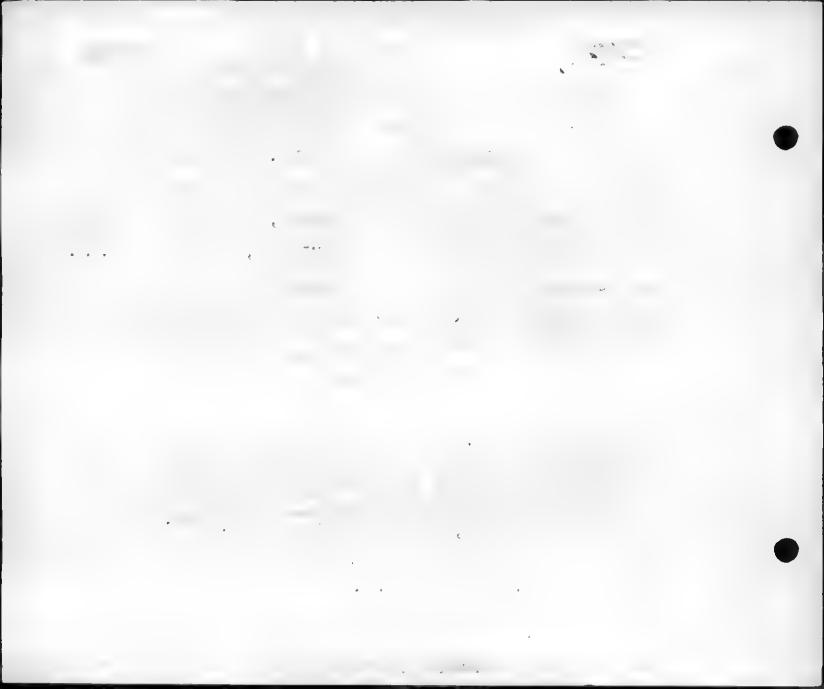
and in

after

hours after death

within

The law requires that the Teath certificate be executed



e. IS RESIDENCE ON A FARM?

Year

YES Z-NO

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTDPSY

PERFORMED?

(State)

(I) (we) last

(State)

Day

10

Days

12. CITIZEN OF WHAT

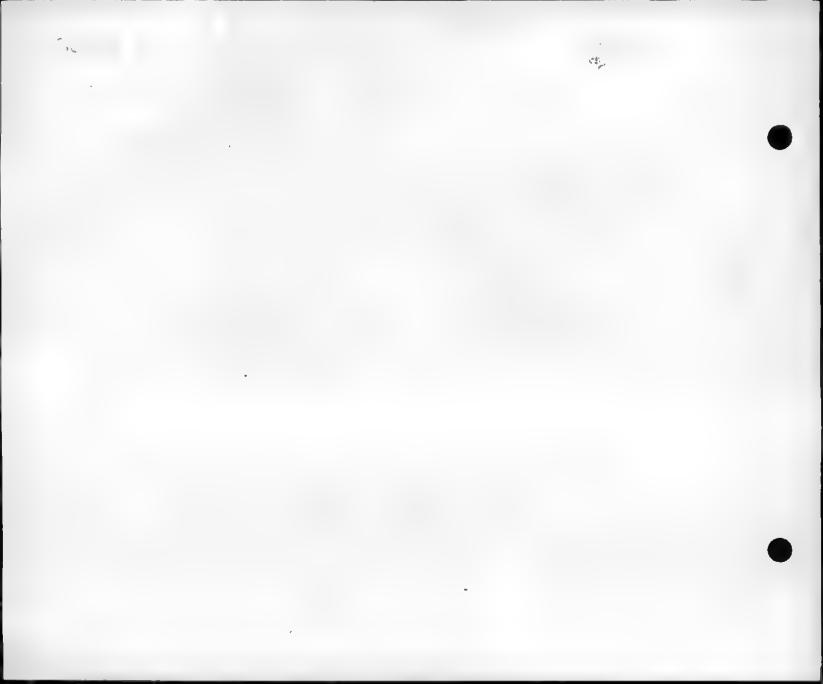
/19.

DATE/SIGNED

(County)

COUNTRY?

VR A15 (4) 15M 4-64

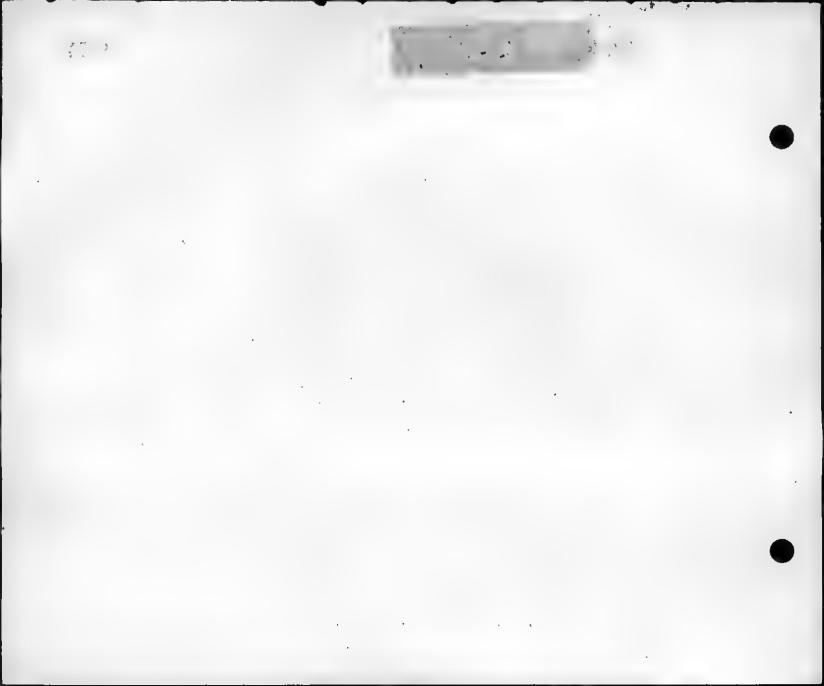


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20M 1/65

		DIVISIO	N OF STAT	ISTICAL RI	ESEARC	H AND REC	ORDS	, 301 W. PRESTO	N STREE	T, BALTIMOI	RE 1, MAR	YLAND	
er -		01754		47		CERTIFIC	CATI	E OF DEATH			017	751	
	1.	PLACE OF DEAT	altimor			MARYL.		2. USUAL RESIDENCE a. STATE c. CITY OR TOWN (IF	1	b. COUN	M But	more	
	_	b. CITY OR TOW Write RURAL				ii, give street ad		White Ha	()	potate imits, wit	19 KOKAL BIIO	e. IS RE	
	G.	recter Bo			-	ter	ui caa)	Vernon Rd	- Bar	-126		ON A	FARM?
i		NAME OF DECEASED (Type or print)	Ba	First	12	Bridge	s	Last	4. DATE OF DEATH	Month 2			67
~	5.	sex	6. COLOR OR	RACE 7. MAR		DIVORGED		2-17-67	9.		Months Day		
	10a dur	ing most of work	ling life, even if	of work done 1 f retired)	INDUST	F BUSINESS OR FRY OME		Baltimore	10		LIZ. CITIZ COUN	EN OF WHA	Ī
		Edwar	d Bri	dges					en name herini				
	15. (Ye	. WAS DEGEASED	ever in u.s. ar (If yes give war b Vone	MED FORCES? r dates of service)	16. SOCIA	ALSECURITYNO. e	1 7/2	dmission (Birth	Informal		hart	-
			DEATH [Enter (EATH WAS GAUS IMMEDIATE		per line fo	r (a), (b), and (c).	.1	0			. €	NTERVAL BE INSET AND ID SK SA	
	~	Genditions, If gave rise to cause (a), si underlying cause	Immediate tating the se last.	DUE TO (b) Co	~~*7	cinterve	nd	icular se	ptal	defect	7		
/	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTANC TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(2)									PARTI(a)	YES WAS A	UTOPSY RMED? NO
	F . I	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	ING IT CAUSE (OF DEATH	b. DESCR	IBE HOW INJUR	Y OCCU	RRED. (Enter nature of	Injury in Pa	art I or Part II of	Item 18.)		
	MEDICAL	20c. TIME OF Hour a.r p.i	m.	V	Vhile N	OCCURRED 20 lot While at work		CE OF INJURY (Home, far ry, street, office bldg., et		(City or town)	(County)	((State)
		saw the dec	ceased alive (tended th	e deceased fro 19, an	om 2 id that	death occurred at 4	SO AM, fro	om the causes a	22b. DATE	tate state	
1		22c. PHYSICIA NAME (T)		7	_ ~~~		M,D	. PHYS. C	IRECTOR L	PHYS.		<u> </u>	1
	23a	BURIAL, GREN REMOVAL (Spi	ATION, 23b.	27 10	17 11	NAME OF GEN	METERY	1	23d. LC	te Hall.	wn or county	i = (S	state)
7	24	FUNERAL DIRE		Some,	Ton	ADDRESS /	M	And the Contract of the Party o	B 2 7		CISTRAR'S S	73	4

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01755

CERTIFICATE OF DEATH

01752

02.400			CERTIFICATE	OF DEATH		0149G
PLACE OF DEATH				CTATE	Where deceased fived, if institution b. COUNT	
o. coom;	BALTIMOR	E	MARYLAND	MAR!	YLAND B. COUNTY	V
b CITY DR TDWN (I	outside corporate limit	5,	c LENGTH OF STAY IN 16	c CITY OR TOWN (IF or	utside corporate limits, write RURA	L and give nearest town)
FORT HOWAR	Dive neorest town)		4 DAYS	BALITIMORI	<u>c</u>	
d NAME OF HOSPITA	L OR INSTITUTION (If no	at in hospitol, g	ive street oddress)	d STREET ADDRESS		e IS RESIDENCE DN A FARM?
VETERANS A	DMINISTRAT	ION HOS	SPITAL	928 NORTH	MADEIRA STREET	YES NO
NAME OF	Fi	rst	Middle	.ast	4 DATE Month	Doy Year
DECEASED (Type or print)	GE	ORGE	EDWARD	BRIGHT	DEATH FEBRUARY	27. 19 67
SEX	6. COLDR DR RACE	7 MARRIED	X NEVER MARRIED E	B DATE OF BIRTH		IF UNDER 1 YEAR FUNDER 24 HI
MALE	WHITE	WIDDWED	DIVORCED]	10 17 96	last birthdoy) 70 yrs.	Months Days Hours Me
	(Give kind of work done		ND DF BUSINESS OR	11 BIRTHPLACE (County	& State, or foreign country)	12 CTZEN DF WHAT
uring most of working l FIRER	ite, even it retired)		DUSTRY SS FOUNDRY	BALTTMORE	MARYLAND	U.S.A.
3 FATHER S NAME		100000		14. MOTHER & MAIDEN		7
GEORGE E	. BRIGHT			Sophie	Ober Selde	R
S WAS DECEASED EVER	IN U.S. ARMED FORCES?	16. 5	SOCIAL SECURITY ND 17 1	NFORMANT	Address	
Yes, no, or unknown)	(If yes give wor or dates of WW ~ 1		7 01 30 96 CI	IN REC VE	P ADM HOSP FT	HOWARD MD
	ATH (Enter only one cou			111 1110 111	Z ADM HONE PT	INTERVAL BETWEEN
	H WAS CAUSED BY IMMEDIATE CAUSE	PIII	MONARY EMBOLUS	1		SWEETH SOLUTION
	DUE DUE					
Conditions, if ony,		(b)				
rise to immediate		10				2
last	ying cost	(c) MAI	NUTRITION, DEH	YDRATION		,
PART I OTHER SIG	INTERCANT CONDITIONS C	ONTRIBUTING T	D DEATH BUT NOT RELATED TO T	HE TERM NAL DISEASE CD	ND I DN GIVEN N PART 1(0) ORAL NECK; HIPS	19 WAS AUTDPSY
CEREBR CONTRA 200 ACC DENT WAS 100 CONTRIBUTING	AL ARTERIO CTURES: DE	O LEROS	15; OLD FRACTU	RE LEFT FER	ORAL NECK; HIP	PERFORMED? YES NO
200 ACC DENT WAS	UNDERLYING [SCRIBE HOW INJURY OCCURRED.	Enter noture of injury n	Port I or Port I of Item 1B)	
OR CONTRIBUTING!						
20x TIME DE INJU	RY Month, Doy, Year	20d IN	JRY OCCURRED 20e PLAC	E DF INJURY (Home, for	n, 20f (City or town)	(County) (State)
Hour on	10	While of worl		ory, street, office bldg., etc.)	
	w that (A) (this has	nital) attend	led the dereased from E	eb. 23	19 67, to Feb. 27	19 67, that (1) (we)
saw the de	ceased olive on	Feb. 2	7, 1967, and that	death accurred at	30 a. M. fram causes ar	nd on the date stated abo
220 SIGNATURE	0 1	0				22b DATE SIGNED
h	silon b	e 2	2 MD		MED STAFF PHYS	2/27/67
22c PHYSICIAN'S	MESTION MES	TICAN	M D	22d. ADDPESS FC	ORT HOWARD, MARY	VIAND
NAME (Type)	NEILON NE	ر ۱۱۷۵۰۱۱	n. D.	VALL FO	ALL HORSEN, PRINT	
230 BURNAL, CREMAT O			23c. NAME OF CEMETERY DR		23d LDCATION (City or Town	
REMOVAL (Specify) BURTAL	3-2-	67	HOLY REDE	HEMER Compay		
24. FUNERAL DIRECTOR		0	ADDRESS	250 PEC	D BY REGISTRAR 256 REGIS	CRESSIGNATURE QUELLE
BURTAL 24. FUNERAL DIRECTOR		0		250 DEC		

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remove, and in any event, within 72 hours after death. IU HOSPITM OF MITEMENT PRYSICIAM: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

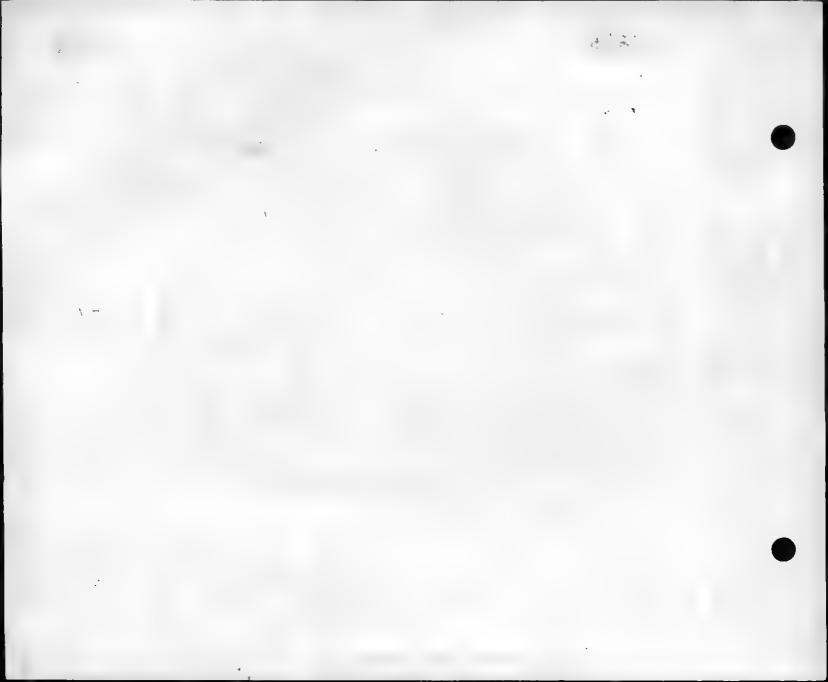
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VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET	
01756	CERTIFICATE OF DEATH	01753

1.		2. USUAL RESIDENC	E (Where deceased lived, If institution: R	tesidence before admission)
	8. COUNTY Saltimore BARDYIAND	a. STATE	b. COUNTY Bas	ltimare -/
-	b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (II	outside corporate limits, write RURAL	
	write RURAL and give nearest town)	Baltimor		21-4
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS		6. IS RESIDENCE ON A FARM?
-	Ridgeway Manor Convalescent Home	6421 (ea	lonia Avenue	YES NO A
3.	DECEASED	Last	4. DATE Month	Day Year
	(Type or print) Harry E. Bruchey		DEATH February	9 19 6/
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (in years IF UNDER last birthday) Months)	Days Hours Min.
	hite WIDOWED DIVORCED	April 29,18	576 90 yrs.	
10 du	a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR ring most of working life, even if retired) INDUSTRY	IL BIRTHPLACE (Co		ITIZEN OF WHAT
	Railroad B&O	Frederick	2 (0., Ad. U	.S.A
13	. FATHER'S NAME	14. MOTHER'S MAID	EN NAME	
	John Bruchey	Susan	-	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
CA	es, no, or unkown) (If yes give war or dates of service) 705-12-3905	John E. Lille	1 - 28 Beech Drive	-21220
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1	. 1	0	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	N-emari	reace	1 clas
	X DUE TO			1
	Conditions, if any, which }			
	gave rise to immediate (
	underlying reveal tech			
18	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
CERTIFICATION	and the second s			YES NO
IĘ.	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	injury in Part I or Part II of Item 18	3.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
종	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa bry, street, office bldg., et		unty) (State)
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	-1310010001001100010001		
-	21. I certify that (I) (this hospital) attended the deceased from	Jan 15	16 ja 9 + 2 19 6	that (I) (we) last
	saw the deceased alive on 9 7 de 196 2 and that	death occurred at	X X M, from the causes and on i	
	22a, SIGNATURE		22b. I	DATE SIGNED
	- Le celle - freedom M.I	D. PHYS.	DIRECTOR PHYS.	TUR 67
	22c. PHYSICIAN'S	22d. ADDRESS		11-21227
1	NAME (Type) WILLIAM O'COD MAN!	1532-1	wiphen them	14 -12-11
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		23d. LOCATION (City, town or co	ounty) (State)
		rk (emetery	Baltimore, Mr.	uland
2	4. FUNERAL DIRECTOR ADDRESS	25a. REC	D BY REGISTRAR 25b. REGISTRAN	YS SIGNATURE
	John C. Miller Inc-6415 Belain Road-21	206 DATE	ED 14 1301	0
=	C			



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deeth. TO MOSPITAL OR ATTERNING MENSION The law requires that the leath mertificate be executed within 24 hours within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01757
CERTIFICATE OF DEATH
01754

	02.00			OLIVIII	201 E	OI PEATH	,			314
1.	PLACE OF OEAT	Н			1	2. USUAL RESIDENC	E (Where deter			e before admission)
	Ba Ba	altimore		MARYL	ann I	a. STATE	land	b. COUNT	Balti	more
	b. CITY OR TOW	/N (if outside cor and give neares	porate limits	. c. LENCTH OF STAY		c. CITY OR TOWN (If	outside corpo	orate limits, write	_	
		and give neares andalk	t town)	One Week	ļi	Dunda	alk			
			TUTION (if not	in hospital, give street ad	dress)	d. STREET AOORESS			- hr/	e. IS RESIDENCE
		lde Drive		Bree en ee	,	307 Baysid	o Drei tro			ON A FARM?
-	NAME OF	200 31210								YES NO [X]
3.	DECEASED		First	Middle	*	Last	4. DATE OF	Month	0a)	
6	(Type or print)	6. COLOR OR R	Eva	E.	1.0	Bryant	DEATH	Februa AGE (In years IF	- 6/	
	_	White	7. 1112461		느!	2/2/90	9.		onths Oays	Hours Min.
	emale			WEO K DIVORCEO			1 2 2 1	77 yrs.	1 10 0171751	1
dur	ing most of work	FION (Cive kind of a ling life, even if r	etired)	Ob. KING OF BUSINESS OR INOUSTRY		11. BIRTHPLACE (Co	unty & State, o	r toreign country)	12. CITIZEN COUNTR	Y?
	Housewi					Maine			U. S.	, A .
13.	FATHER'S NAW	TE				14. MOTHER'S MAIO	EN NAME			
			Crock	Ker		N	ot Know			
		EVER IN U.S. ARM		16. SOCIAL SECURITY NO.		INFORMANT	_		Md. 515	
	No	(11) ENDING WAR OF D	interest act time?	220-24-2212	Ju	ne Stipek,	8341 Be	ar Creek	Dr. Du	ndalk,
	18. CAUSE OF	DEATH [Enter on	ly one cause	per_line for (a), (b), and (c)	.]					ERVAL BETWEEN
	PART I. O	EATH WAS CAUSE	0 BY:	Pulm man	10	edema _			ONS	SET AND CEATH
	×				/					
	Conditions, If		OUE TO	Influenza a		Cordina		eluy	1	weeli
	gave rise to	Immediate	(b)	1 Process	_					Canada
	cause (a), s underlying cau		(c)	arteris -	Selv	Condiac	perten	Som	5	years
8		,		TRIBUTING TO DEATH BUTNO					ART 1(a) 19.	
CERTIFICATION									v	PERFORMEO?
Ē.	20a. ACCIDENT	WAS UNDERLYIN	IG 20	Db. OESCRIBE HOW INJUR	Y OCCUE	REO. (Enter nature of	Injury in Par	t I or Part II of		110 29
ER.	OR CONTRIBUT	ING CAUSE OF TIFY MEDICAL EX	OEATH (AMINER)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		INJURY Month,		od. INJURY OCCURRED 20	ne PLAC	E OF INJURY (Home, fa	rm 20f (C	Ity or town)	(County)	(State)
MEDICAL	Hour a.			While - Not While -		y, street, office bldg., e		ity of toxin,	(00000))	(00000)
₹		m.	19 at	work at work		·	7 /	-	/ /	
	21. I certi	fy that (1) (this-	-hospital) at	tended the deceased fro	13		9662, to_	2/24		that (I) (wo) last
		ceased alive or	1_7_/	7-4-196/, ar	nd that	death occurred at_	A. M. from			te stated above.
	22a. SIGNATU	20 1	a	1.		ATTENOING	MEO.	STAFF	22b. OATE SI 2/27	
		1880 G	150	oh	M.0.	PHYS.	DIRECTOR	PHYS.	2/21	701
	22c. PHYSICIA NAME (T	une)	O To	noohe W	D	22d. AOORESS	h Dodat	Del Dans	dolle 10	(a 27.22).
			s A. Ja			1010 Nort				_ =
238	BURIAL, CREM REMOVAL (SP Burial	MATION, 23b. O					23d. LOC	ATION (City, tow		(State)
_			8/67	Oak Lawn	Ceme		NO DV SEC		imore,	
24	TO by T		22 Wigo	Ave. Dundalk	Me		O BY REGIST		ISTRAR'S SICE	_
	OOTHI OF	Duday 17	LE MITOC	Tros DandaTr	9 1110	DATE	FEB 28	1967	Mary	es Julas

VR A15 (4) 20M I/65



MARYLAND STATE DEPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH DICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) e. COUNTY h. COUNTY Page files. Health, Baltimore Marvland MARYLAND b, CITY OR TOWN ('I outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) th RURAL and give neerest town) ō Edgemere OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Boar retained he State B Bucher Road NAME OF Middle DATE Month DECEASED OF The F DEATH (Type or print) BUCHER February ANN with AGE (In years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH may 2 with age 5 m and 2 w lest birthday) Months Female White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 18. Give Pages 1, 2, form PM3. Page done during most of working life, even if retired) Baltimore, Maryland Housewife Own Home pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maryanna Peter Bestry event IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address Dermit. Yes, no, or unkown) | (lives give werordales of service) pencil in Item 1 with Martin R. Bestry 5703 Belle Vista Ave. certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] Office along burial-fransit I I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 71 1 1 1 **DUE TO** Conditions, if any, which (6) geve risa to immediate cause pending Examiner's DUE TO (a), stating the underlying Se ě used cause last. cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(9) 19. WAS AUTOPSY CATION 8 15 Medical should be the wor CERTIFI 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20m. EXTERNAL CAUSE WAS to the Chier FOR: Page 3 should be burial. PRIMARY OF CONTRIBUTING EXAMINER: CAUSE OF DEATH. writing I Chief / 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour a.m. MEDI at work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry lease execut
should be forwarded to
FUNERAL DIRECTO adent. Natural causes Suicide Homicide Undetermined manner death resulted from Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAM NER DEPUTY NAME (Type) 9989 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) 22a BUR, AL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) OH 408 Baltimore County Burial 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR 23. FUNERAL DIRECTOR VS. AISME 1901-07 Eastern Ave. Lilly & Zeiler Inc. DATE SM 9/60

Baltimore

Day

9

Davs

IS RESIDENCE

ON A FARM?

YES NO

19 67

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO

(State)

(State)

Maryland

YES T

(County)

Year



91

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove/carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARY	RTMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS	3, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- (J1759 CERTIFICAT	
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
	a. COUNTY Baltimore MARYLAND	a. STATE Mary/ and b. COUNTY Baltimore
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	CatoNS VIII	Arbutus :
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	Paradise Nursing Home	1314 Birch Are. YES NOW
3.	NAME DF FIRST Middle	Last 4. DATE Month Day Year
	(Type or print) Anna K. Burns	DEATH FEBRUARY 15 1967
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNOER 1 YEAR IFUNDER 24 HRS. last birthday) Months I Days Hours Min.
K	emale white widowed Divorced	November 14, 1881 85 yrs. Months Days mouth
10a dur	. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
-	HOUSEWARK OWNHOME	Maryland 45A.
13.	FATHER'S NAME	14. MOTHER/S MAIDEN NAME
10	hn 1/2 Chwar Z Kopf. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	Unknown
(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s., no., or unkown) ((If yes pive war or dates of service)	INFORMANT Address
_/	VO ICA	therine Rodenhi 1314 BICCH FIVE
	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND, DEATH
	IMMEDIATE CAUSE (a)	from 36 sis Impediate
	conditions, if any, which \ DUE TO & Chroniz B	Win Syndione Euri
	gave rise to immediate	Sth Avtario Scharosis
	cause (a), stating the DUE TO underlying cause last.	
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CAT		PERFORMED?)
CERTIFICATION	204. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) / (County) (State)
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	ry, street, affice bldg., etc.)
Z	21. I certify that (I) (this hospital) attended the deceased from	19 to 19 that (I) (we) last
		t death occurred at 1 MM, from the causes and on the date stated above.
		The state of the s

SIGNATURE MED. DIRECTOR ATTENDING PHYS. STAFF PHYS.

PHYSICIAN'S NAME (Type)

22d. ADDRESS

(State)

BURIAL, CREMATION, REMOVAL (Specify) UF 12 FUNERAL DIRECTOR DATE THEREOF 23a. 23b.

NAME OF CEMETERY OR CREMATORY 23c. ADDRESS

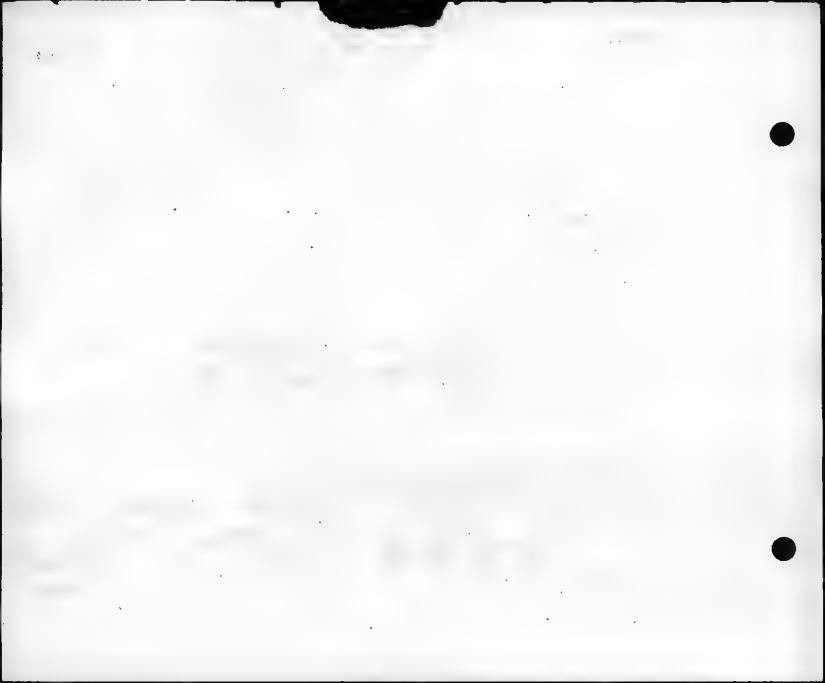
LOCATION (City, town or county) 23d.

25a. DATE

REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 20M 1/65

24.



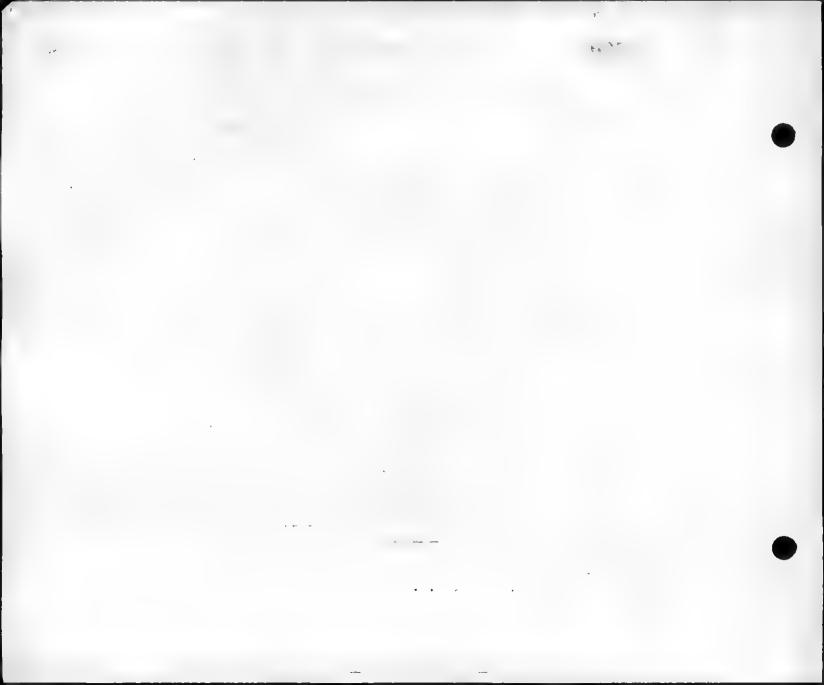
any delay is

This certificate shauld be executed within 24 hours after death if

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH

- 1			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
OR STATE				01760		MEDIC	AL EXAMINER'	S CERTIFICATE O			01757	
Page HITA	DEPT.			PLACE OF DEATH D. COUNTY	BALT IMORE		MARYLAND		Where deceosed ved, if	nstitution Residence COUNTY	e before admission)	
PM3. Po	partment				f outside corporate limits, give nearest town) 18 FOWN S	ikesvil	LENGTH OF STAY IN 16	1	itside corporate limits, w	rite RJRAL and give	nearest town)	
- 6-4	9	10		NAME OF HOSPIT	AL OR INSTITUTION (If not	in hospital, give		d. STREET ADDRESS	allstown		e IS RESIDENCE ON A FARM?	
ges 7 for	State	1	2	Newell .	Funeral Home	<u>.</u>	hh I II		Liberty Ro		YES NO	1
8 Give Pages 1, along with form	ne Si			DECEASED Type or print)	Arville		M.ddle Clayton	BURNS IDE		Month Pe bruar y	Doy Year 22, 19 67	
alan d	(1)		S			7 MARRIED	NEVER MARRIED	B DATE OF BRTH	9 AGE (n y last birth	eors IF UNDER 1	YEAR IF UNDER 24 H	
_	D de		100	Male	White	WIDOWED	DIVORCED OF BUSINESS OR	AV 6 7 193	or foreign country)	yrs	IZEN OF WHAT	_
llem Office	jes Tan after d		gari	ng most of working I	ife, even firetired)	NDUS		II BIRTHPLACE (SIDIE		(0)	JNTRY?	
n pencil in Examiner's	Rages Jrs afta		13.	FATHER'S NAME	1.8016	170	e ich a	14 MOTHER'S MAIDEN	NAME	1	0.5.	_
pencil	it. File gag			THOM	ns Bu	unsic	7.6	CORDIN	J			
	ii. Fi				R IN U.S. ARMED FORCES? (If yes give wor or dotes of:	service)		INFORMANT	1.0	Address		
ding	permit. wrthin 72		_	Yes	1950-195		-26-5893 1	IRS DORCAS	C CHARNE	Y 1021		1
rd "pending" in Chief Medical E				PART I DEAT	ATH (Enter only one couse H WAS CAUSED BY	Farme		d associated	with soute	G. B., 1	NTERVAL BETWIE	ه
ward "	burial-transit any event	1		9325	MWEDIATE CAUSE (c	/	Address to con	nlcoh		•		_
_	urial			Conditions, if ony,)						
the d ta	=			rise to Immediat stating the under		0						
writing	and and			lost.) (
	be used emaval,	1	NOI	PART II OTHER SI	SNIFICANT CONDITIONS COL	NTR BUT NG TO D	DEATH BUT NOT RELATED T	O THE TERMINAL D SEASE CO	NDITION GIVEN IN PART	1(0)	9 WAS AUTOPSY PERFORMED? YES (X) NO	r=1
icate, be fo		1	F CATION	200 EXTERNAL CA PRIMARY (20 or COI	USE WAS	Farty 20b. DESCR	metamorphos BE HOW INJURY OCCURRE	is of liver D (Enter noture of injury in	Port Lor Port Lof Item	IB)	75 [A] NO	
	shauld an, or		CERT	PRIMARY (25 or CO) CAUSE OF DEATH	ITRIBUTING 🗆		posed to co			,		
e the co	your res Page 3 sha cremation,	1-1	MEDICAL	20c TIME OF INJU	. 14		Not While	PLACE OF NJURY (Mome form octory, street, office bldg , etc.) de of road		wn) (Cou	nty) ₍ State)
Page	F. Po			21. I certify	that I taok charge		ns descr bed obove,	held on Autopsy [X],	Inspection ,	Inquiry .	and in my ap n	ilan
· × · ·	-00			death result	ed fram. Natural	couses 🗌	Accident X , S	uicide 🔲, Homic de	, Undetermin	ied monner		
pleasa e director	ORE to b			ACTUAL	v).			CHIEF MEDICAL	-		22. DATE SIGN	(ED
rol o	RAL I			SIGNATURE	Brus	5		M D ASSISTANT MED DEPUTY MEDIC	AL EVAMINED AL	Fahruar	y 23, 1967	
he funeral	FUNERAL eafth prior			NAME (Type)	Werner U. S	Spitz, N	1.D. —		t, city town, or county)	reblual	y 23, 1907	
nece the	TO FUNE		230	BUR AL CREMATION REMOVAL (Specify		1 1917	23c. NAME OF CEMETERY O	, 6	230 LOCATION (CIT	y or Town)	(County) (Stote)	
VP A1	5ME (5),	8	22	FUNERAL DIRECTO	R	11 (11)	ADDRESS	1 4		256 REG STRAR'S SI		
6M	1/67	1	6	EURCE	J. Go.	-ce 4	our RITCH	B Huy DATE	AR 6 196	yclian	eles Judge	1



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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A	4	7	C	4	
U	4	4	ti	1	

CERTIFICATE OF DEATH

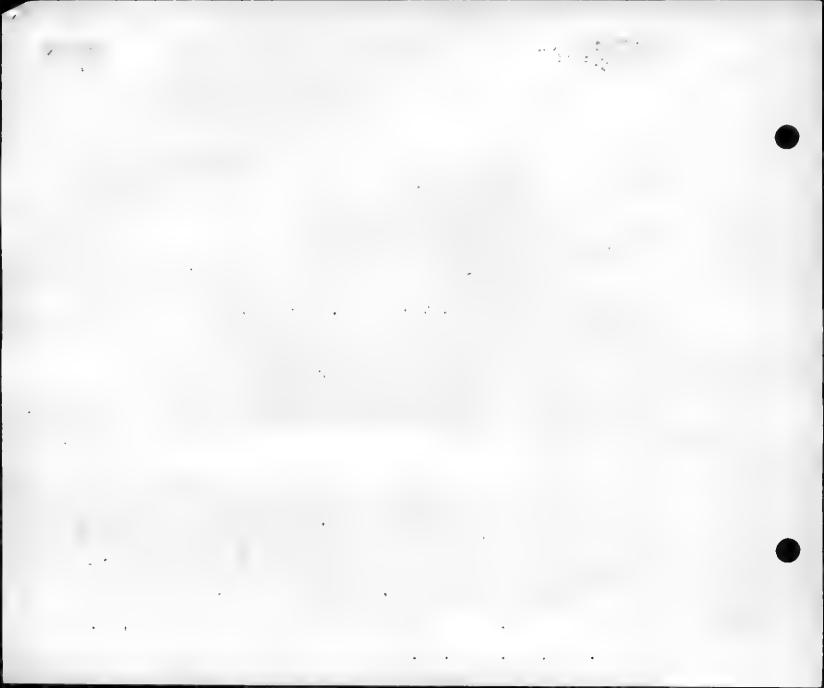
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										L - 00	
	E OF DEATH DUNTY	Baltim	ore		DVIAND	2 USUAL RESIDENCE () o. STATE	Where dece	ased hved, if institut b COU		e before admis	sion)
F (1)	TV OD TOWN 4	lé autoula samanata limit		C LENGTH OF STAY	RYLAND	CITY OR TOWN (If au		useta filmite illeta Dil	Dat and ave	pogract town!	
Tre	rite RURAL and OWSON	If autside carparate limit d give nearest tawn) i	5,	C LENGTH OF STAF	סו אוי	1	imore		2123		
		AL OR INSTITUTION (If n	at in hospital, a	ive street address)		d STREET ADDRESS				e IS RES	SIDENCE
		t.Joseph H		,		3025	Ches	sley Aven	ue		FARM?
	ASED or print)	Eul.	rst Y	Middle H •	Bı	tost urtch	4. DATE OF DEAT		th ruary	Day Y	feor 67
S SEX	,	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED [B. DATE OF BIRTH		9. AGE (In years	F UNDER 1		ER 24 HRS
Mal	le	White	WIDOWED	DIVORC		8-10-92		last birthday) 74 yrs	Months	Days Haurs	Min.
10a USU. during m	JAL OCCUPATION nast of working Retir	I (Give kind of work done life, even if retired)	L IN	ND OF BUS NESS OR DUSTRY ern Elect	ni a	11 8IRTHPLACE (County		foreign country)		ZEN OF WHAT	A
13. FATE	HER S NAME		d Butto			14. MOTHER'S MAIDEN	NAME	Christina	Pauls	tring	
10 11(5)	e Accrises Da	A BUILD ADMED CONCEY		COLL COLLOWY NO.	12	INFORMANT		6.32.			
(Yes, no,	, or unknown) No	R IN U.S. ARMED FORCES? (If yes give war or dates)	of service) 21	social security no 5 –03– 9572	A Mr	s. Grace Bu	rtch	Addr	Sam	ne)	
18.		ATH (Enter any one co								INTERVAL B	
	TORT & DEC	IMMEDIATE CAUSE	(a) Inte	stinal in	niarc	tion					
	1,0	DUE			-						
	iditions, it ony i to immediat	, which gave		sible stra	angu L	ated hermia					
	ting the unde		TO (c)								
PAR	RT 11. OTHER SI	GNIFICANT CONDITIONS (ONTRIBUTING T	O DEATH BUT NOT R	ELATED TO	THE TERMINAL DISEASE COI	ND:TION G	VEN IN PART I(o)		19 WAS AU PERFOR YES K	MED?
E OR	CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205 DE	SCRIBE HOW INJURY	OCCURRED	(Enter noture of injury in	Port 1 or P	ort It of item 18.)			
WED ZOC.		JRY Month, Day, Year	20d IN While at wark	DURY OCCURRED Nat While at work		CE OF INJURY (Hame, farm tary, street, affice bldg., etc.)		(City or town)	(Cour	ntγ)	(Stote)
	21 Certi	fy that 🐧 (this ho		ded the deceosed 19 67,	d from s	an. 30 , lit deoth occurred of	19 <u>67</u> . 12:30	m, from couses	, 19 <u>6'</u> and on th	Z, that X) e date st o t	(we) la ed obov
	o SIGNATURE	lum	50	mis	L M	D PHYS	MED DIRECTOR	STAFF DHYS.	1	TE SIGNED b. 1,19	67
22	NAME (Type		F. Misa	nik, M.D.		7620 York	Rd.	Towson,	Md. 2	1204	
	IR AL, CREMATION		EREOF	230 NAME OF CE		CREMATORY emetery	23d.	LOCATION (City or To Baltimo			(State)
	neral directo	Ruck. Inc	. Balte	ADDRESS Md. 21	214	25e-REC	D BY REGIS	1848 25b. RI	EGISTRAR'S SIG	GNATURE	Ł,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then place remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health priar to burial, cremation, ar removal, and in any event, within 72 hours ofter death

c×.

VR A15 (4) 20 M 1/66



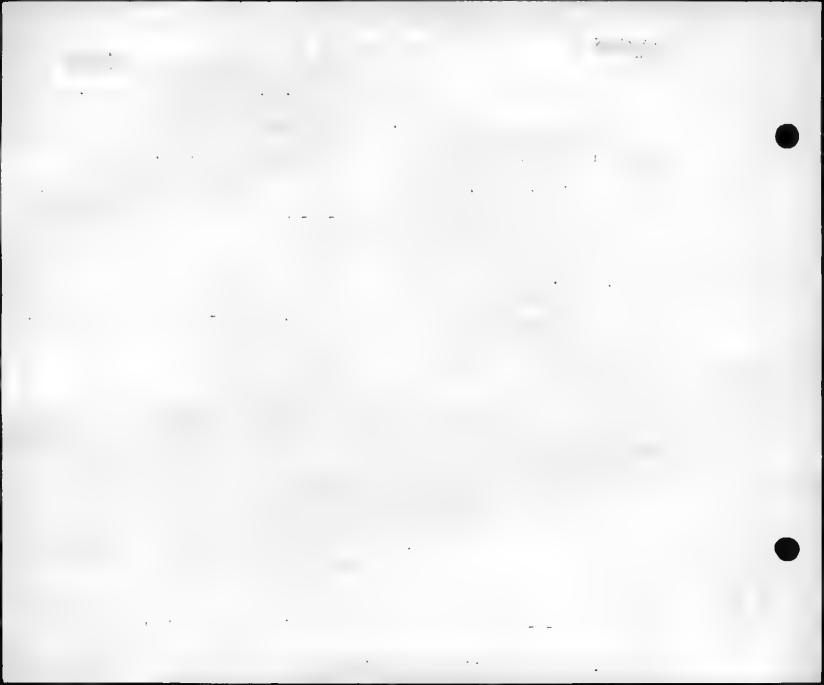
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7		01762			CERTIFI	CATE	OF DEATH		015	750		
П		PLACE OF DEATH					2 USUAL RESIDENCE (Where deceosed lived, if institution residence black admission) b. COUNTY					
~	•	Bal	timore		MARYL	AND	o. STATE Mary	yland b. 00	Baltir	nore		
	-	CITY OR TOWN (Louiside corporate limits	s,	c LENGTH OF STAY IN	16	c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)					
		Baltimo	d give neorest town)		17 yrs.		Baltimore					
			AL OR INSTITUTION (If no	it in haspital, g			d STREET ADDRESS			e IS RES DENCE ON A FARM?		
1		6606 Wi	ndsor Mill	Road			6606 Wind	sor Mill Rd.		YES NO		
		NAME OF DECEASED	Fit		Middle		Last		nth	Doy Year		
		Type or print)	Evelyn	IL	Burton			DEATH Februa		1967		
	5	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	السا	B. DATE OF BIRTH	9 AGE (n years	Months 1	YEAR IF UNDER 24 HRS Days Hours Man		
	F	`emale	White	WIDOWED	DIVORCED	X	9-26-1896	70 rthday)				
		USUAL OCCUPATION	(Give kind of wark dane		ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County	& State, or fareign country)	12 (11)	EN OF WHAT		
		At Hom		- '''	DOSIK!		Baltimore		USA			
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	AME				
			amin Fran					Smith				
	IS.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. S	OCIAL SECURITY NO.	17	NFORMANT	Add	lress			
	(10	NO	(If yes give war ar dates a	N	ONE	Ev	elyn M. Bur	ton -6606 W	indsor	Mill Rd.		
		18. CAUSE OF DI	EATH (Enter only one cou	se per line for	(a), (b), and (c))		}			INTERVAL BETWEEN ONSET AND DEATH		
		PAKI . UŁA	TH WAS CAUSED BY AMMEDIATE CAUSE	(a)	relial	18	remessed	0	, —	OHOLI MIND GENTIL		
			DUE	10 /2 7		1).		2	1			
		Conditions, if ony	e couse (a)	(b)(12K	errosca	li	630 0 - C	pene ratino	0			
		stating the unde		TO	Y 6 1		11.00 F	-	/			
		last.	,	(c)	reco		-uxca			120 MAS 1 2005H		
ger.	Ö	PART II OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELA	TED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED?		
	CERTIFICATION									YES NO		
	RTIF	206 ACCIDENT WA OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH	205. DE	SCRIBE HOW INJURY OCC	URRED	(Enter noture of injury in I	Part I or Part II of Item 1B.)				
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)				60° 05 1-100 11	Tage 15'		(5)		
	MEDICAL	20c TIME OF INJU Hour du	JRY Manth, Day, Yeor n.	20d. 1N While	JURY OCCURRED		CE OF INJURY (Hame, farm ary, street, office bldg., etc.)		(Coun	ty) (Stote)		
	Σ	p.d		at warl	c L of work L							
			fy that (I) (this has	pital) atten	ded the deceased f	ram		9, to		_, that (I) (we) las		
		saw the d	eceosed alive on	-/)	19, ai	na tha	t death occurred at	m, trom cause:	22b. DAT	date stoted above		
		220 SIGNATURE	alin 1	15,	- /2	M.	ATTENDING	MED. STAFF DIRECTOR PHYS.	7 /20. 5/1	17 17		
		22c. PHYSICIAN'S	The state of the s		m was	(91.)	D. PHYS. LJ 22d. ADDRESS	DIRECTOR LA PHTS. (-1 1 25	12/01		
1		NAME (Type										
1	23o	BURIAL, CREMATIC	ON. 23b DATE THE	EREOF	23c, NAME OF CEMET	ERY OR	CREMATORY	23d LOCATION (City or	own) (((State)		
	75	REMOVAL (Specify					Cemetery	Baltimore				
[]	24	FUNERAL DIRECTO		-1-	ADDRESS			BY REGISTRAR 25b.	REGISTRAR'S SIG	NATURE		
7	51	111111	luce to \$46	00 Lib	erty Hghts	. A.	zenue DATE	TE 6 1967	W.	24.0		
		-V	The state of the state of					1.75				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. Page 4 may be retained by the haspital or attending physician. VIII A15 (4) 20 M 1/66

We executed within 24 llours after dilath.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Jeath certif



01763

necessary, please execute the certificate, writing the ward "pending" in pencermatern 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examples of office along with farm PM3. Page 5 may be retained for your files.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial transit permit. File pages land 2 with the State Department of Teath prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

FOR STATES HEALTH DEPT. delay is This certificate shauld be executed within 24 hours after death if 10

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	,			,	
MEDICAL	EXAMINER'S	CERTIFICATE	0F	DEATH	

01763	MEDICAL	. EXAMINER	'S (CERTIFICATE OF	DEATH	01	760	
1 PLACE OF DEATH				2 USUAL RESIDENCE (W	nere deceosed liv	ed, if institution.	Residence befo	re odmissian)
O. COUNTY BALTO		MARYLAND	,	o. STATE	0.	b. COUNTY	BALT	ro
b CITY OR TOWN (If outside corporate limits,	. c LE	NGTH OF STAY IN 16		c CITY OR TOWN (If outs		its, write RJRAL		
write RURAL and give nearest town)			- 4	ESSEX			6	. (
d NAME OF HOSPITAL OR INSTITUT ON (If not	In hospital, give str	eet oddress)		d STREET ADDRESS				e IS RESIDENCE ON A FARM?
SI SEL'ERSKY	CT.			51 SEVE	RSKY	CT		YES NO 1
DECEMEN	1	Middle T-	-	lost	4 DATE OF	Month S-E/3	Doy	
(Type or print) ALLE A S SEX 6 COLOR OR RACE		BUTT NEVER MARRIED	1 P	DATE OF BIRTH	DEATH 9 AGE	/	UNDER I YEAR	TIF UNDER 24 HRS
F W	WIDOWED A	DIVORCED	.1 1		1937 Jost		onths Doys	Hours Min
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b KIND OF NDUSTRY			11 BIRTHPLACE (State of		}	12 CITIZEN O COUNTRY	
13 FATHER S NAME				14. MOTHER'S MAIDEN NA			U 3/7	-
JOSEPH HOPK	1111					CTIAN		
		SECURITY NO.	17 IN	FORMANT	· // 11/0	57 / A /12 Address		
(Yes, no, or unknown) (If yes give wor or dotes of	-		12:6	R.S. DEMPS	EY	1100.074		
IB CAUSE OF DEATH (Enter only one cous PART 1 DEATH WAS CAUSED BY MMEDIATE CAUSE (e per line for (a), (b), and (c) }		>				TERVAL BETWEEN
PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (0) / / - :	5-C-V-		DISCASE			Ur.	NSET AND DEATH
DUE :								
I rise to immediate course (a) !	b)							
stoting the underlying couse	10							
lost	(c)							44.6
PART I OTHER SIGNIFICANT CONDITIONS CO		_ //			AI MAY D MCITI	PART 1(o)		WAS AUTOPSY PERFORMED?
3 0 -70	4/11 em			Ra-				YES NO
200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING O CAUSE OF DEATH	20b DESCRIBE	HOW INJURY OCCUR	RED (E	inter noture of in ary in Po	ort I or Port II of	item 18)		
	- 10 DV	OCCUPANT TO	50.04	400	nat vc.	4 -1		fr. 6.3
20c TIME OF INJURY Month Doy, Year Hour om, p.m., 19	While of work			O/ INJER (Norme, form, ry street, off ce bldg , etc.)	201 (t.1)	or town)	(cenula)	(Stote)
21 certify that I taak charge			hei	on Autopsy [7].	Inspection [2	Inquiry	ane	d in my opiniai
				de , Hom cide [,,
man				CHIEF MEDICAL E				
ACTUAL SIGNATURE	and			MD ASSISTANT MEDIC			21	22. DATE SIGNED
EXAMINER'S M.B. DAV	is mi)	- 6800	n A	DEPUTY MEDICAL 1 c. R. Noddrey Astroct.	EXAM NER	ingli) www	wz	13/67
230 BUR AL CREMATION, 236 DATE THE	-	NAME OF CEMETERY				N (City or Town)		y) (Stote)
REMOVAL (Specify) PL Z/1.	7/67	PRINCTO	n			FTON		
24 FUNERAL DIRECTOR		ADDRESS			BY REGISTRAR	25b. REGIST	IRAR S SIGNATU	RE Quelas.
JG. COM-M-ELLY	SONS	300	M	ACE DATE F	EB 14	1967	Miarl	De la Company

VR A15ME (5) 6M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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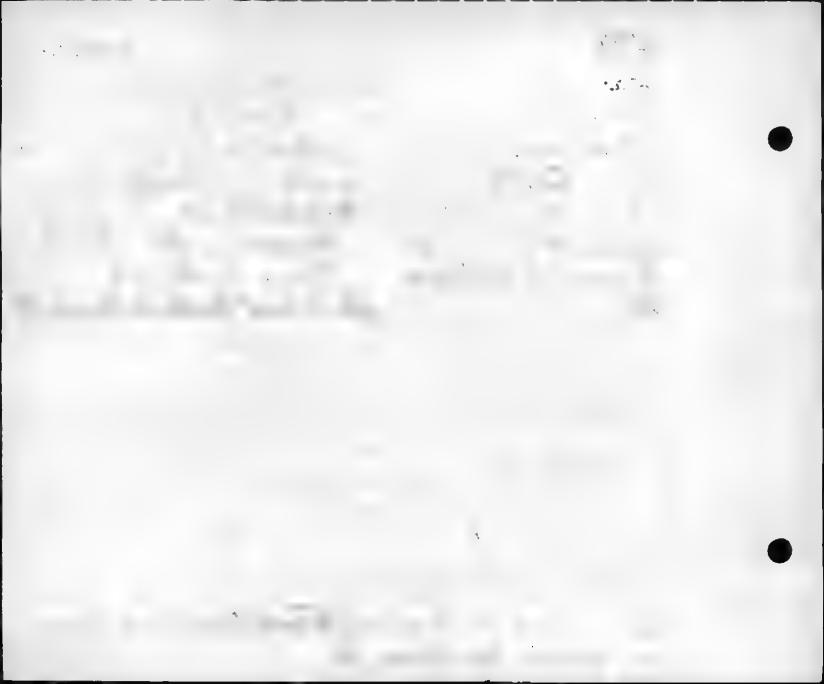
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01761

FURTIFIE		OT A O X MICRICAL EVABRIMEN	J CERTIFICATE OF DEATH	UERDE
HEALTH DEPT.		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if ins	titution: Residence before admission)
2 2 2 2		Baltimore MARYLAND	o. STATE Maryland	COUNTY Baltimore
hours after dmath if delay liem 18 Give Pages 1, 2, and 3, Office alang in th farm PM3. Pages 1, 2, and 3, office alang in the State Department on death.		CITY OR TOWN (If outside corporate limits, c.ENGTH OF STAY IN 1b write RURAL and give nearest fown)	c CITY OR TOWN (if outside carporate mits write	
2, Pp		NAME OF HOSP TAL OR INSTITUT ON (If not in haspital, give street address)	d STREET ADDRESS	e 15 RESIDENCE
es 1, farm farm		7727 E. Baltimore St.	7713 E. Baltimore St	B IS RESIDENCE ON A FARM?
fer dwath 1 Give Priges ang mith far the State				
darth Prege Prege The Star	1	NAME OF First Middle DECEASED	Losi 4 DATE Pronor	
after dmath 3 Give Pmge alang mmth with the State		Type or print) JOSEPH	CAREY DEATH Februa	
rs after of 18 Give e alang i	5	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH 9 AGE (In year lost burthdoy	Months Doys Hours Mi
I hours of them 18 of the control of		USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11 B-RTHPLACE (State or foreign country)	12 CITIZEN OF WHAT
A - 8	aur	ng most of working life even fretired) INDUSTRY	mo	COUNTRY?
	13	FATHER S NAME	14. MOTHER'S MAIDEN NAME	
will pe	15	PORT C. CAREY SR. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17	MILDRED BALTZ	CABET
xecuted nding" in Medical B permit. I within 72		WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 s, no, or unknown) (If yes give wor or dotes of service)	O C C C C C C C C C C C C C C C C C C C	7 EBAITE SI
ling edix errr ithir		7. 7	R.C. CIAREY 772	
ex f M f M t w		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
shauld be e ie ward "pen a the Chief A burial-transit		OUL MMEDIATE CAUSE (0) ASDRYXL8		
ward ward the Ch rial-tro		DOL 10		
he wa ta the burial- n any		Conditions, if ony, which gove neet to immediate couse (o), (b) Carbon monoxide	<u>de</u>	
01		stoting the underlying couse DUE 10		
errificate sh writing the warded ta sed as a bu al, and in a		lost (c) Conflagration		
This certificate shauld icate, writing the ward be farwarded to the Cl be used as a burial-tra removal, and in any ev	MEDICAL CERTIFICATION	PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERM NAL DISEASE CONDITION GIVEN IN PART NO	19 WAS AUTOPSY PERFORMED? YES NO
Thi to the the ren	Ħ	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED PRIMARY MOTOR CONTRIBUTING □	ED (Enter nature of in ary in Part I or Part II of item 18)
Certification of the certifica	#	CAUSE OF DEATH. Fire in row ho	use	
Sha s	3	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e I	PLACE OF INJURY (Home farm 20f (City or town	(State)
rcal Examiner e execute the cer ctar. Page 4 shau ned far yaur files. ECTOR: Page 3 sha Eurial, crematian,	WED	11:40 pm 2-21 19 67 While of work of work	foctory, street, office bldg., etc.) Home	Baltimore Md.
Par for all controls and contro		21 I certify that I took charge of the remains described above,		
tar.		death resulted from: Natural causes , Accident X, S		monner
U VI (I) Li au		ACTUAL ()	CHIEF MEDICAL EXAMINER	22 DATE SIGNI
y pla		SIGNATURE MOVES - 30 700	M D ASS STANT MED CAL EXAMINER K	22. DATE SIGN
EPUT ssary funer ay be ay be iNERA		EXAMINER'S NAME (Type) Charles S. Springate, M.D.	DEPUTY MED CAL EXAM NER Address (Street, city, town, or county)	2-25-67
O D D D D D D D D D D D D D D D D D D D	230	BURIAL CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OF		
10 g at 20 H		REMOVAL (Specify) 2/28/67 CEDAR	HILL BALT	C. M.D.
VR A15ME (5) 7	24	FUNERAL DIRECTOR ADDRESS	250 RECD BY REGISTRAR 1967	RECISIONES SIGNATURE JUNGS
6M 1/67		TIS CONNELLY CAM 300 1	MAC = MAR 1 196/	the house



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH by the funeral Pages 1 and 2 urs after death. hours after death 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH 1. b. COUNTY a. COUNTY a. STATE c. CITY OR fown (y outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b write_RURAL and give nearest town) sician and completely filled in by lease remove/carbom papers. Pagand in any eventh within 72 hours e. IS RESIDENCE ON A FARM? d. STREET ADDRESS INSTITUTION (if not in hospital, give street address NO. YES that the death certificate be executed within NAME OF DECEASED 4. DATE Month Day Year Middle OF DEATH 19 (Type or print) AGE (In years WUNDER I YEAR IFUNDER 74 HRS. Months | Days | Hours | Min. 5. SEX 6. CDLDR DR DATE 7. MARRIED X NEVER MARRIED attending physician and rmit. Then please remo WIDOWED DIVORCED 10a. USUAL DCCUPATION (Give kind of work done during post of working life, eyen if retired) INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT removal MFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? D FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-trans.t permit. should be filed with the State Dept. of Hemith prim to burial, cremation, or a (Yes, no pridokown) (If yes give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. IMMEDIATE CAUSE (a 7 - U DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. WAS AUTDPSY CERTIFICATION PART HI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO [YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20e, PLACE OF INJURY (Home, farm, (City or town) (County) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING 19 at work at work 2-13 19 60. to 19.6. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 600 M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 223. SIGNATURE ATTENDING PHYS. PHYS DIRECTOR M.D. Page 4 may **HOSPIITAL** PHYSICIAN'S 22d. ADDRESS LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. 2 REMOVAL (Specify) REGISTRAR'S SIGNATURE REC'D BY REGISTRAR POWERAL DIRECTOR 25a. VR A15 (4) DATÉ 15M 4-64



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MINICIAM: The law remutes that the duath certificate be executed within 24 haurs after

funeral and

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physician and hen please rem

signed by the burial-transit

has been

After this certificate

O FUNERAL DIRECTOR:

director,

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Page I may be retained by the hospital or attending physician.

papers.

carban

CERTIFICATE OF DEATH event, within 72 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE Baltimore. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Lutherville d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITA, OR INSTITUTION (if not in hospital, give street address) 3914 Cloverhill College Manor N.H. YES NO PO 3 NAME OF 4. DATE DECEASED OF DEATH (Type or print) John H. Latrobe Cogswell February 2nd. 19 67 IF UNDER YEAR S SEX 8. DATE OF BIRTH 9. AGE (n years IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days Hours 5-9-1881 WIDOWED DIVORCED 10a USUA: OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT OUSTRY? dwing most of working life, even if retired)
Navy Inspector U.S. Gov t. N.J. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, Virginia Latrobe A ndrew K. Cogswell 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknawn) (If yes give wor or dates at service) 80-24-5800A Mrs. John Heyrman Balto., Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave nse ta immediate couse (a), DUE TO storing the underlying couse last. 19. WAS AJTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, form, 2Gc TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City ar tawn) (County) (State) Haur a.m foctory, street, affice bldg., etc.) Not While 21. I certify that (I) (this hospital) attended the deceased fram 1967, that (1) (we) last be filed with the /, and that death accurred at 3:05 M, fram causes and an the date stated above. saw the deceased alive an_ 196 22o. SIGNATURE 22b. DATE SIGNED M.D. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Should 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION 23b. DATE THEREOF (State) Burial Baltimore Md. 2-4-67 Greenmount 25b. REGISTRAR'S SIGNATURE 2Sp. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 & Sons Co.4905 York Rd. Baltque



VR A15 (4) 15M 7 62

e. IS RESIDENCE

ON A FARM? YES NO 28 Year

February 1967 AGE (In yours LIF UNDER 1 YEAR IF UNDER 24 HRS. Months Hours

11. BIRTHPLACE (County & State, or foreign country)

1 12. CITIZEN OF WHAT COUNTRY?

INTERVAL BÉTWEEN

ONSET AND DEATH

126

PERFORMED? NO I

Addrass same address as above

(County) (Stata)

....., 19(0. /, that (I) (we) last M, from the causes and on the date stated above

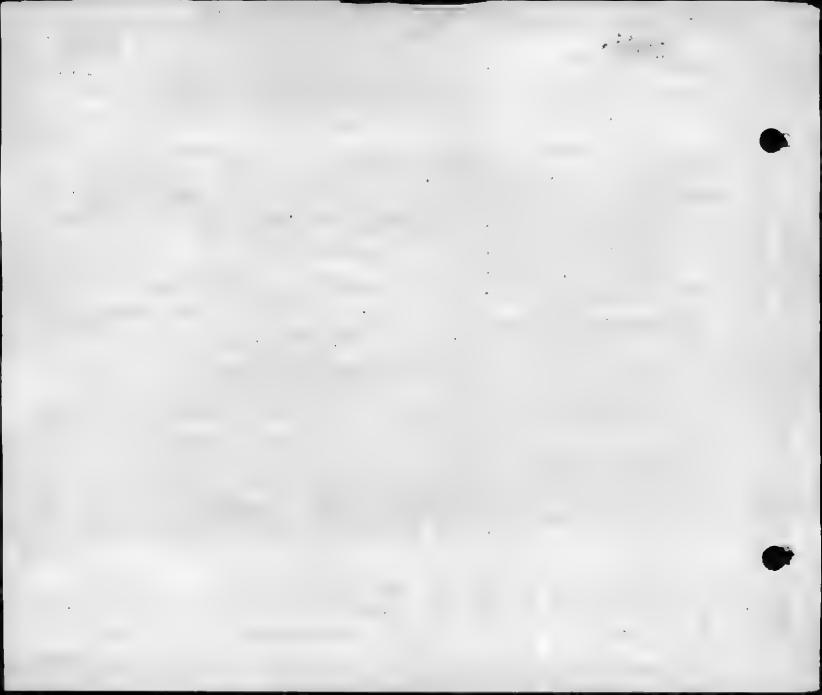
SIGNED

(Steta)

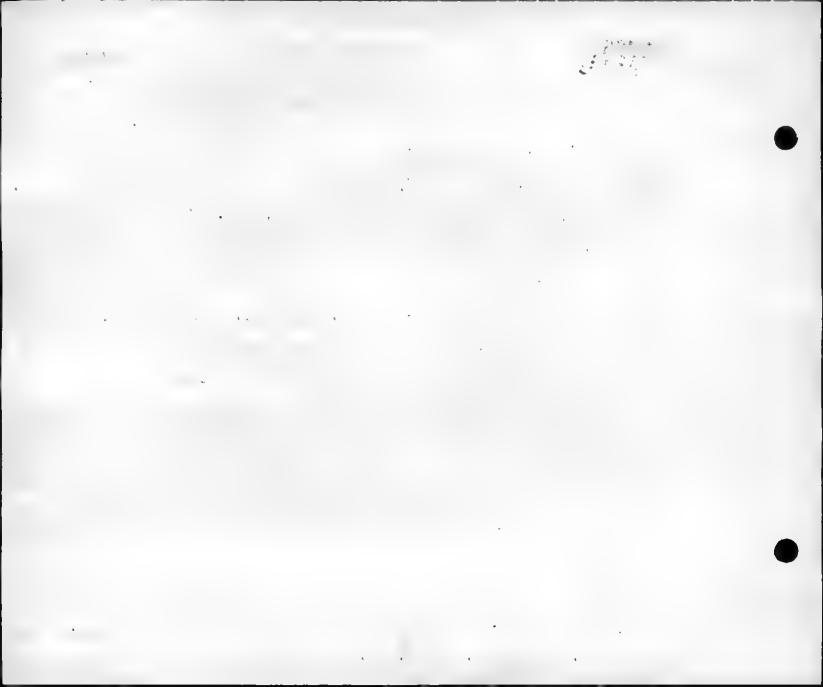
23d. LOCATION (City, lown or county)

24 FUNERAL DIRECTOR'S SIGNATURE

REGISTRAR , 256. REGISTRAR'S SIGNATURE DATE



. ~ **	1987	GIADA			CERTIE	ICATE	OF DEATH		0.1	プCE
uneral l and i ir death	/ T.	PLACE OF DEATH a. COUNTY	Baltimor	e	MAR	YLAND	a STATE Mari	(1	OUNTY Bal	veiole admission) timore
urs afte bages lurs afte		write RURAS an	(If autside corparate limits, id give nearest tawn)	(ELENGTH OF STAY	lN lo	c CITY OR TOWN (IF or	utside corparate limits, write F Baltimore		nearest town)
rin 24 ha filled in l papers. Thin 72 ha		d NAME OF HOSPI	TAL OR INSTITUTION (If not 710 (ueen)	n hospital, give	street address)		d street address	Inne Urive		e IS RESIDENCE ON A FARM? YES NO
ecuted within campletely fil ave carban p y event, with		NAME OF DECEASED (Type or print)	Kathe		Middle A.	(onn		OF Jebru		Day Year 19 67.
executed withing a campletely femave carban any event, with		sex Female	white	7 MARRIED WIDOWED			B DATE OF BIRTH October 8,	7.	Months	Days Hours Min
cion an	dı	r ng most of wark no	N (Give kind of work done plife, every if ret red) ZWLJC	I Db. KIND INDJ:	OF BUSINESS OR STRY		Mar	& State, or foreign country)		TEN OF WHAT NTRY? US'i
that the death certificate be executed within 24 haurs after death an. by the attending ply, cign and campletely filled in by the funeral ransit permit. Then press, remave carban papers. Pages I and cremation, or remaval, end in any event, within 72 haurs after death.		FATHER'S NAME	trank K				14. MOTHER S MAIDEN	Mary Hoe		
	((es, no, or unknown)	ER IN U.S. ARMED FORCES? (I yes give wor or dotes af	service) 216	ial security no. -01-446		nformant. Albert	1.4	dress	Same)
hat the n. yy the c ansit pi		PART I. DE/	EATH (Enter only one cous ITH WAS CAUSED BY IMMEDIATE CAUSE (Hypert	Zi-	terio	schrolic o	mio pass	ulas	ONSET AND DEATH
pures t physicia igned t urial, a		Canditions, if one	y, which gove	b)				disease		
law rec nding p been s the b		stating the und	erlying couse DUE I	(c)						
I: The I ar atter te has use as alth pri	YATSON	PART II OTHER S	ignificant conditions <u>co</u>	INTRIBUTING TO	<u>DEATH</u> BUT NOT RE	LATED TO 1	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)		19 WAS AUTOPSY PERFORMED? YES NO
SICIAN aspital certifica ned far t. af He	CEPTIFICATION		AS JNDERLYING 🗀 G 🗀 Cause of Death / Medical Examiner)	205 DESCR	RIBE HOW INJURY O			Part I ar Port II af item 18)		
VG PHY the hard or this or detact	MEDICAL	1 . P.	.m. 19	While at work	RY OCCURRED Nat While at work	fact	CE OF INJURY (Home, for ary, street, affice bldg., etc	1 = = 1	·	
TENDIN ined by OR: Afte auld be the Ste		saw the		Hall oftender	d the deceased 19 <u>67</u> ,	fram_= and that	tweath accurred at	1967 to 3 Fully 1230 PM, fram cause	es and an the	2, that (I) (we) lase date stated above
OR AT be reta DIRECTO		220 SIGNATUR	Mul / Oar	mals		M [MED STAFF PHYS		TE SIGNED
SPITAL May MERAL or, po	# 2	22c PHYSICIAN NAME (Typ	HOHNYV LI		BY		22d ADDRESS / / 4.3/ 6./	orthe live		
Page 4 may Page 4 may To FUNERAL director, po shauld be f		REMOVAL (Specific Control of Cont	y) 2/7/6'	7 •			emeter"		more, i	
VR A15 (4)	M.	24 FUNERAL DIRECT Leonard	1 17 11	Inc. D	Balto. 1	ia. 27	1214 DATE 1	D BY REGISTRAR 2Sb	REGISTRAR'S SIG	SMATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01769. CERTIFICATE OF DEATH by the funeral Pages I and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Maryland Baltimore Baltimore ase remove carban papers. Pages 1 nd in any event, within 72 hours after MARYLAND b (TY OR TOWN (If autside carparate smits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) Arbutus Catonsville campletely filled in rave carban papers. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS S RESIDENCE ON A FARM? Shady Nook Nursing Home 4750 Westland Blvd. NO K NAME OF Middle Last 4 DATE Manth DECEASED R. HENRIETTA CONNOR DEATH February 1. 19 67 (Type or print) be executed IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED last buthday) Dovs Hours 4-13-1903 White Female WIDOWED DIVORCED 1Do LSLAL OCCUPATION (Give kind of work done 106 KIND OF BUS NESS OR 11 81RTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRYS A. Maryland law requires that the death certificate Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Otto Schroen Catherine M. Crouo permit. 16 SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dates of service) Mrs. Marie F. Walters, 1001 DeSota Road 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED 8Y: signed by the burial-transit p IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause the last. QS PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? has Cardiovanulas Denexe of Flealth NO this certificate ATTENDING PHYSICIAN: 20o ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port 1 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER! MEDICAL 2Dc, TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form (City or town) (Caunty) (Stote) Haur a.m. Nat While factory, street, affice bldg., etc.) After at work at wark þę 21. I certify that (1) (this haspital) attended the deceased from be retained DIRECTOR: and that death occurred at_ M, from couses and on the date stated above. saw the deceased arive on, 22g S GNATURE 22b DATE SIGNED director, page 3 should be filed v 22d. ADDRESS 22c PHYSICIAN ! TO HOSPITAL TO FUNERAL NAME (Type) Dr. A. Bradley Daugharthy 1264 Francis Avenue 23r NAME OF CEMETERY OR CREMATORY 230 8 RIAL CREMATION 23b DATE THEREOF 23d. LOCATION (City or Town) (County) Baltimore, Maryland 2-4-1967 Holy Redeemer Cemetery ADDRESS 2Sb 24. FUNERAL DIRECTOR VR A15 (4) Howard H. Hubbard, 4107 Wilkens Avenue 21229 196



e. IS RESIDENCE

ON A FARM?

1961

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

(State)

PERFORMED! NO

that (I) (we) last

(State)

Days

12, CITIZEN OF WHAT

19.

DATE SIGNED.

REGISTRAR'S SIGNATURE

DATE

(County)

YES T

COUNTRY?

U.S.A.

No F

VR A15 (4) 15M 4-64

hours after death



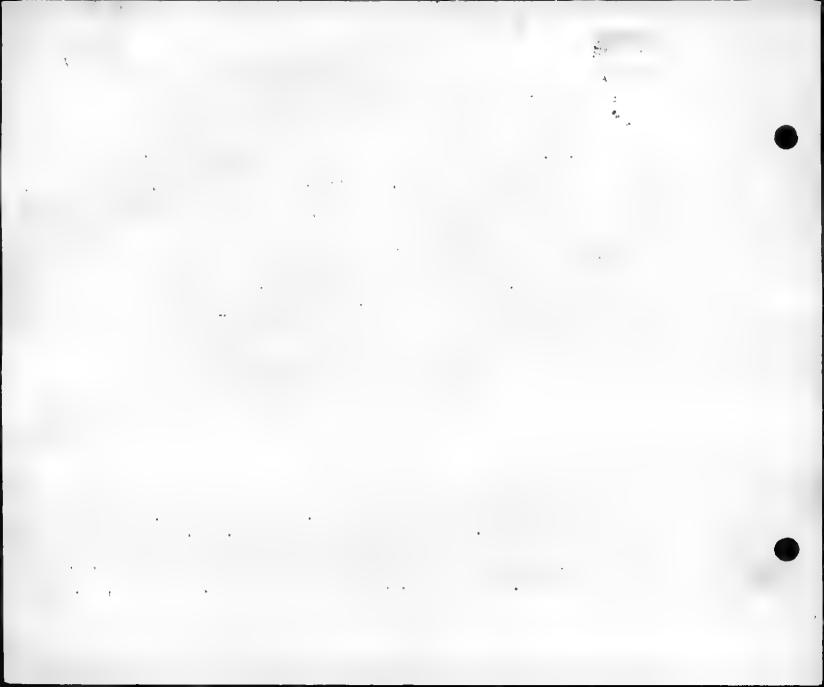
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CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) I. PLACE OF DEATH a. COUNTY o STATE h COUNTY MARYLAND Baltimore Maryland
c (ITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) b CITY OR TOWN (It outs de corporate limits, C LENGTH OF STAY IN 16 write RURAL and The aggrestatown) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Ø St. Joseph Hospital 8619 Black Oak Rd. 21.234 NO 3 NAME OF First Middle Inst DATE Month Dov Year DECEASED OF E. Mary Corder Feb. 24 19 67 (Type or print) DEATH IF UNDER 1 YEAR 8 DATE OF BIRTH AGE (In years IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Dovs Hours Female 12/18/90 WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work depe-10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U-5. A IRGINIA OME Homemaker 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME CHRADER BEL WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, ng, or unknown) (If yes a ve wor or dates of service INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I, DEATH WAS CAUSED BY ONSET AND DEATH Respiratory failure IMMEDIATE CAUSE (o) DUE TO Pleural effusion Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse Pulmonary Cancer last. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) Congenital heart failure due to arteriosclerotic cardio-vascular diseases CERTIFICATI 200 ACCIDENT WAS UNDERLYING [3] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) (City or town) 20c TIME OF INJURY Month, Day, Year Hour om. foctory, street, office bldg., etc.) While Not While pt work ot work 19 07 to reb. 24 21. 1 certify that (the constant of the deceased from saw the deceased glive on 1907 and the and that death occurred at 10.30PHom couses and an the date stated above 19 67 saw the deceased alive on 22b. DATE SIGNED 220 SIGNATURE Feb.24.1967 DIRECTOR M.D. PHYS. PHYS. 22d. ADDRESS Nelson S. de la Paz. 7620 York Rd. Baltimore, Md. 21204 230. BURIAL CREMATION. 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Lity or Town) (Stote) (County) REMOVAL (Specify) EMETERY LITTLE 28-6 ANCOCK BURINL REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. 1967

law requires that the death certificate be executed within 24 haurs after death. funeral 1 and deat ician and carrificated filled in by the fur lease remove carbon papers. Pages 1 and in any event, within 72 haurs after physician a ar remayal, attending physpermit. Then p permit. crematian, the signed by the bunal-transit p burial, crematic by the haspital ar attending as the priar to has been use Health i r this certificate h detached far use ite Dept. of Health ATTENDING PHYSICIAN: State [TO FUNERAL DIRECTOR: After þe be retained director, page 3 should should be filed with the O HOSPITAL Page 4 may

VR A15 (4) 20 M 1/66



VR A15 (4) 20M 1/65

	DIVISION OF STATISTICAL RESE		•		I, MARYLAND
	V1113	CERTIFICA	TE OF DEATH		1770
1.	PLACE OF CEATH a. COUNTY.		2. USUAL RESIDENCE	E (Where deceased lived, If institution b. COUNTY	n: Residence defore admission)
	Baltimore	MARYLAND	Md.	D. 000H1	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If	outside corporate ilmits, write RL	IRAL and give nearest fown)
			Baltimor	e 21215	2
	Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in b	ospitai, give street address	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Paradise Nursing Home		4644 Pall	Mall Road	YES NO
3.	NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
	(Type or print) Mary	Elizabeth	Cox	DEATH Feb. 9	1967
5.	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. ACE (In years IFUN last birthday) Mont	DER 1 YEAR IF UNDER 24 HRS.
	F. White WIDOWED	DIVORCED	3/16/1877	89 yrs.	10013
10		IND OF BUSINESS OR NDUSTRY	11, BIRTHPLACE (CO	ounty & State, or foreign country) 1	2. CITIZEN OF WHAT COUNTRY?
	Domestic	ITVOVIN I	Upperco.	Md.	U.S.A.
	FATHER'S NAME		14. MOTHER'S MAID		
	T.homas			7 Reso	h_
15		SOCIAL SECURITYNO. 17	. INFORMANT	Address	03.000
(Y	es, no, or unkown) (If yes give war or dates of service)	0/ 0710		73 - 1 33 T Offic	21207
	18. CAUSE OF DEATH [Enter only one cause our l		rs. James A.	Reidler, Jr. 370	O Campfield Ro
	PART I. DEATH WAS CAUSED BY:	Ter, 0 Sc/21	ratio (dr	don - (/d) Ch/	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	10110 3010	0/16	10 413 10(1)	5 419
	1/d x DUE TO	152252.			3/
	Conditions, If any, which gave rise to immediate (b)	10,00			
	cause (a), stating the DUE TO				
-	underlying cause last.) (c)				
CERTIFICATION	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	HING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	PLEEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?]
ICA	Large 8	Vieblised H	refic M	2/11= -59	YT YES NO
RTE	208. ACCIDENT WAS UNDERLYING 7 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRUTE HOW INJUSTY OC	CURRED. (Enter nature of	injury in Part I or Part II of Ken	n 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL.		NJURY OCCURRED 20e. PI	LACE OF INJURY (Home, fa	rm, 20f. (City or town)	(County) (State)
0	Hour a.m. White p.m. 19 at worl	MOT MULIE	tory, street, office bidg/, e	0 0	10
2			10-110+	10 0/ 1/1	9, that (I)_(me) last
	21. 1 certify that (I) (this hospital) attend	2// 2/	at dooth popurted of	A. from the causes and	/ '
1	22a. SICNATURE	allo ul	at death occurred at		DATE SIGNED
	May he 141		ATTENDING	MED. DIRECTOR PHYS.	2/9/67
	22c. PHYSICIAN'S	The state of the s	D. PHYS.	DIRECTOR PHYS.	
	NAME (Type) //- MC (rveth mi	1303 F	rederick Rd	2.8
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION (City, town o	r county) (State)
-	REMOVAL (Specify)		_		1 263
24	POWERAL SORECTOR	ADDRESS U.	B.a	Baltimore, Cour	RAR'S SICNATURE
1				FEB 1 4 1967	My some Bar
	Loring Evers -8728 Liberty	Rd. Randalls	town. MODATE	1 2 7 4 1001	<u> </u>

MADVIAND STATE DEDARTMENT OF BEALTH



		01774			CERTIFICA	ATE OF	DEATH			0.1	77	1
		LACE OF DEATH					UAL RESIDENCE (Where decease			te before	odmission) /
	d	. COUNTY	Baltimore		MARYLANI		STATE Man	yland	b. cou	NITY_		V
-1	b		If autside corporate limits digive nearest tawn)	,	C LENGTH OF STAY IN 16	c (1)	Y OR TOWN (if a	utside camparati	e limits, write RJ	RAL and give	neorest	town)
1		Fort I			4 Days		Baltin	nore			,	•
ł	d	NAME OF HOSPIT	AL OR INSTITUT ON (If no	t in haspital,	give street andress)	- 11	REET ADDRESS				6	IS RESIDENCE ON A FARM?
		Vetera	ans Administ	ratio	n Hospital	1	05 N. Di	ıncan S	treet		у 8	S NO X
I		IAME OF ECEASED	Eir		Middle		Lost	4. DATE OF	Man		Day	Year
l	(ype or pnnt)	THOMA	S	JOSEPH	CO		DEATH	FEBRUA		17	19 67
I	5 5		6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		OF BIRTH	9	AGE (In years	Months 1	Dovs	Hours Min
I		ale	White	WIDOWED	DIVORCED		7/13		53 birthdoy)			
1	10a durir	USUAL OCCUPAT OI ia mast of warking	N (Give kind of work done Life even if retired)		IND OF BUSINESS OR NDUSTRY		IRTHPLACE (County			12 CIT COI	ZEN OF 1 UNTRY?	TAHW
מווס ווו מווח אמי מווס ווו מווא			life, even if retired) Eeur				Baltimor		yland	U	UNTRY?	4.0
ľ	13.	FATHER'S NAME	3 0			14. N	NOTHER'S MAIDEN		0.0			
ŀ	16		ael Cox	T 22	COCIAL CECUPITY NO.	17 10150816		na Dreh				
ı	15. (Yes		R IN U.S. ARMED FORCES? (If yes give wor or dates of	service) 16.		17. INFORM			Addr			
ļ		YES .	Ww II		16-05-47-34	Clinic	al Rec.	VAH, F	ort How	ard, M		
ı		18 CAUSE OF D PART 1. DEA	EATH (Enter only one cause TH WAS CAUSED BY			DUODE	NIAT TITOS	375			ONSE	RVAL BETWEEN T, AND DEATH L tos
1			IMMEDIATE CAUSE (ORRHAGE FROM	DOOTE	NAL ULUE	ur			App 4()	tes
I		Conditions, if any	blab a moor m		YCYTHEMIA						Wee	ke
ı	- 1	rise to immedia	e cause (a), (LOT TIME TAX						MOC	<u>Ro</u>
ı		stating the unde	· · · · · · · · · · · · · · · · · · ·	(c)								
l	}	PART IF OTHER S		-	TO DEATH BUT NOT RELATED	TO THE TER	MINAL DISEASE CO	NDITION GIVEN	IN PART 1(c)		19. V	VAS AJTOPSY
ı	ATIO		_									ERFORMED?
I	CERTIFICATION	20a ACCIDENT WA		20b. D	ESCRIBE HOW INJURY OCCUR	RED. (Enter n	oture of injury in	Part I ar Part	II of item 18.)			
I	£		☐ CAUSE OF DEATH MEDICAL EXAMINER)									
should be filed with the State Dept. of Health prior to	MEDICAL	20c TIME OF INJ	URY Manth, Day, Yeor				URY (Home, far		(City or town)	(Cou	inty)	(State)
	불	р.:	m. 19	While at wa	rk Lad at work Lad		et, affice bldg., etc					
		21. 1 certi	fy that 🗱 (this hos	pital) otter	ded the deceosed from	n_Feb.	14 ,	19 <u>67</u> , to	Feb. 1	7, 19 <u>6</u>	2 , the	rXXX (we) last
			eceased alive on_F	eb. 1	7 19 67, and	That deat	h accurred a	5:00PM	fram causes			
		220. SIGNATURE	lelder	27/	almulk	M.D. PH		MED. DIRECTOR	STAFF PHYS.		TE SIGNEI	
		22c. PHYSICIAN'S NAME (Type		70		\vee	2d. ADDRESS		ODM HOL			4 2 2 2 2
			SUBTRACTION E.	KALM			VA HOSPI		ORT HOW		IARYI	
	23o.	BURIAL, CREMATION REMOVAL (Specific	ON, 23b. DATE THE	REOF -	23c NAME OF CEMETERY	OR CREMAT	ORY AL	23d 100	ATION (City of To	wn)	(County)	(State)
	0.0	REMOVAL (Specify Burial		61,	Befrem	an	Mallin	D DY DECISTOR	all!	GISTRAR'S SI	CMAYIDE	
1		FUNERAL DIRECTO	. A Short She		fond ADDRESS 2021	Orle	ans St.	D BY REGISTRA	100 KI			0
	PH	ILLIP HE	RWIG & SONS	FUNE	RAL HOME Bal	to_M	DATE	7232(1967	E lie	repor	Queles

IJ

ID BOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Beath certificate be exacuted within 24 Nours after death Page 4 may be retained by the halpital or attending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

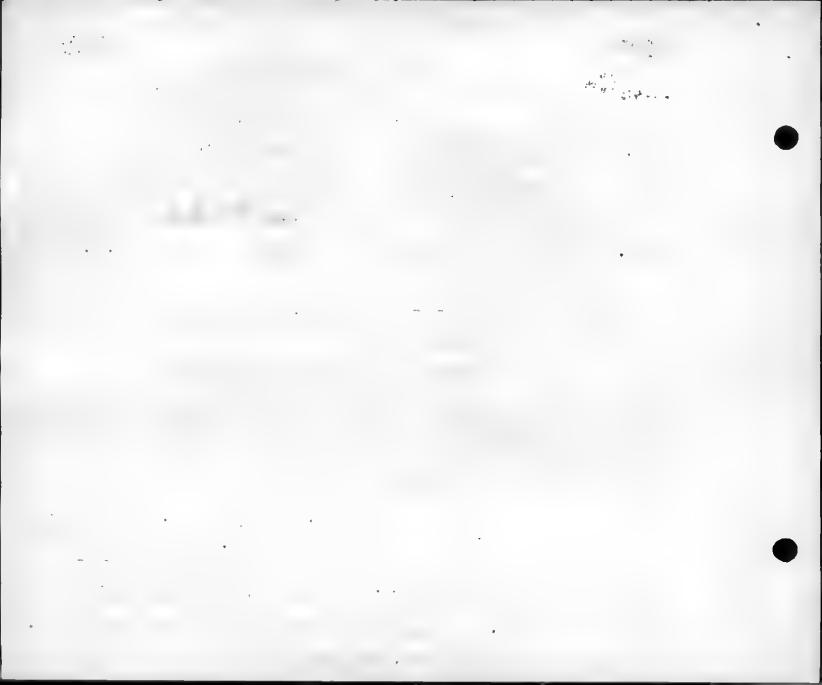
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CERTIFICATE OF DEATH

01772

- h-				
1		PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o STATE Maryland Harford ### Argon and the companies of the companies)
ŀ	b	b CITY OR TOWN (If outside corporate Imits, c LENGTH OF STAY N Ib	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen, Maryland	
-		Catonsville Limths2dys d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address)	d STREET ADDRESS e IS RESIDEN	NCE
		SPRING GROVE STATE HOSPITAL	SIO Wast Boll Adm Avenue	10 X
3	C	NAME OF First Middle DECEASED (Type or print) George John	Creswell OF February 20 19	67
-		SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Married Divorced Divor	B DATE OF BIRTH 9 AGE (In years IFUNDER 1 YEAR IFUNDER 2 June 2, Manths Days Haurs House Hours Hou	24 ∺RS M∗n
.0	ur r	USUAL OCCUPATION (Give kind of work done namost of work ng life, even fret red) Alnt. Mechanic Railroad (B&C	11 BIRTHPLACE (County & State, or foreign country) 12 CTIZEN OF WHATCOUNTRY?	
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	_	William Creswell	Unknown	
	(Yes	100	7. INFORMANT Address Records: SPRING GROVE STATE HOSPITAL	
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Cardiac failurd	INTERVAL BETWI ONSET AND DEA	
		rise to immediate cause (a)	c cardiovascular disease	
		stoting the underlying couse (c) Generalized art		
2 3	5	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	PER+ORMED)?
20.470	3	Malnutrition - Dehydrati		0 🗶
Crossocial a		20□ ACCIDENT WAS UNDERLYING ☐ 20□ DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter noture of injury in Port I or Port II of item 18.)	
ANTOICA	MEDICAL		PLACE OF INJURY (Home, form, 20f (City or town) (Caunty) (Stated or town) (Caunty) (Stated or town)	tote)
		21. I certify that 20 (this hospital) attended the deceased fram saw the deceased alive an Feb. 20 19 67, and the deceased alive and the deceased alive and the deceased alive and the deceased frame and the	han 8 , 1860, to Feb. 20 , 19 6,7that (# (with a death accurred at 9:00 M, fram causes and an the date stated in	e) las abave
		220. SIGNATURE Scele Wacish	M.D ATTENDING MED STAFF 22b. DATE SIGNED 2-20-67	
		22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M.D.	22d. ADDRESS SPRING GROVE STATE HOSPITAL Baltimore, Maryland 21228	L
2	30.	REMOVA (Specify) 23 DATE THEREOF 23c NAME OF CEMETERY		,
-	94	Burial 23 Feb. 0/ Bakers Ce		•
	24		FED 9.9 soot	
		X2 h. Je de appl Aperdoons Mai	A Defile Dale	

TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 3 should be detached for use as the burnol transit permit. Then please carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth. Poge 4 may be retained by the hospitol or attending physician. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE ly filled in by the funeral popers. Pages 1 and 2 within 72 hours offer death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved, if institution Residence before admission) o. COUNTY BALTIMORE b. COUNTY MARYTAND 24 hours after MARYLAND b CITY OR TOWN (If autside corporate amits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de carporote limits, write RJRAL and give nearest town) write RJRAL and give nearest town) FORT HOWARD COCKEYSVILLE 42 DAYS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM? VETERANS ADMINISTRATION HOSPITAL 10316 GREENTOP ROAD YES NO X within comptetely fi rove carben | y event, with 3 NAME OF Middle Last 4 DATE Manth DECEASED GEORGE B. CROFT (Type or print) FEBRUARY DEATH S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years 7 MARRIED NEVER MARRIED 105 birthdoy) 1924 AUGUST 13. MAIR WHITE DIVORCED rem rem 10a USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 C TIZEN OF WHAT during most of working life, even if retired) .NDUSTRY COUNTRY? puo certificate MECHANIC AUTOMOBILE BALTIMORE, MARYLAND U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotion, or removol, GEORGE A. CROFT DAISY MYERS IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit PART I DEATH WAS CAUSED BY: AS CAUSED BY:
IMMEDIATE CAUSE (a) PULMONARY EDEMA, BILATERAL TON WIGAND DEATH (b) DIABETIC NEPHROPATHY, NEPHROTIC SYNDROME Conditions, if any, which gave UNKNOWN rise to immediate cause (a), **DUE TO** stating the underlying couse been s the lar to h (d) DIABETTES MELLITTUS UNKNOWN S PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) OR ATTENDING PHYSICIAN: The 19 WAS AUTOPSY Health | PERFORMED? HEART DISEASE ARTERIOSCLEROTIC certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Part or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20¢ TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or fown) (County) (Store) Not While foctory, street, office bldg., etc.) at work After at work 21. I certify that (x) (this haspital) attended the deceased fram, saw the deceased give an 2/23/67 19, and the 1/12/67 2/23/67, 19___, that201 (we) last DIRECTOR: _____, and that death occurred at 8:25AM from causes and on the date stated above. saw the deceased alive an director, page 3 sho should be filed with 22a SIGNATURE 22b. DAJE SIGNED PHYS. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL TO FUNERAL NEILON NEILSON, M. D. FORT HOWARD, MARYLAND NAME (Type) 230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 2-27.67 BALTIMORE CO. GARDENS 24 FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) WM COOK TOWSON, MARYLAND

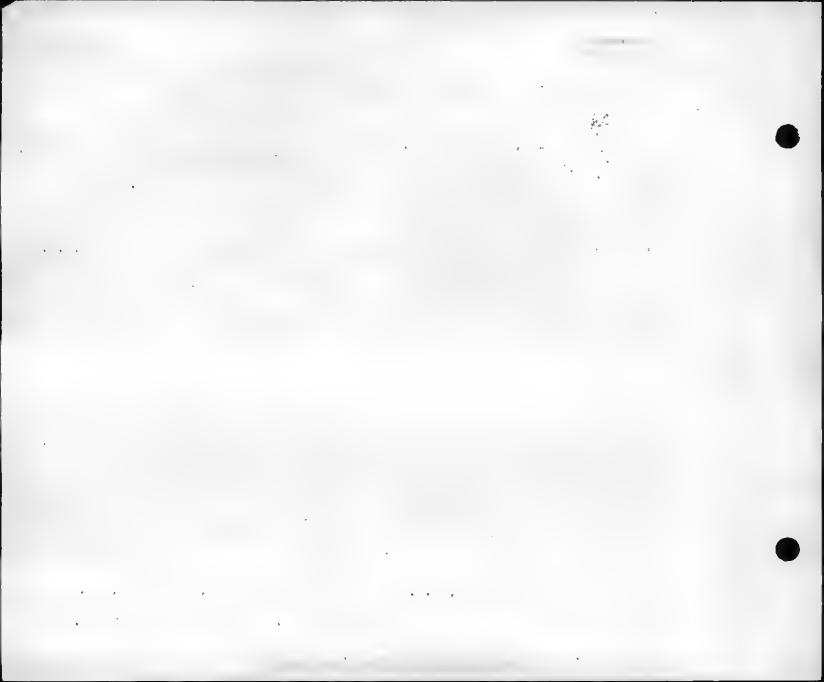


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO MO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 WAS AUTOPSY PERFORMED? YES NO MO OF INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) Contributing Cause of Death (IF EITHER, NOTHEY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 WAS AUTOPSY PERFORMED? YES NO MO OF INJURY (Home, form, form, foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram 1-19-67, 19, ta 2-12-67, 19, that (I) (we) last						
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sow the decored alive an 3.3.2 65 10 and that death accurred at 10.000M from causes and on the date stated above	21. I cert	ify that (I) (this haspite	al) attended the deceased fram_			
				at death accurred at		
220. SIGNATURE A CICLO MIN ATTENDING MED STAFF TO 2-12-67	/	1 11.1	(Mi)	ATTENDING -	MED STAFF AG 2	
THE PHYS I DIRECTOR I PHYS II			rajoan I'V N	711.0	DIRECTOR L PHYS. L	-16-01
22c. PHYSICIAN'S NAME (Type) Arturo Pidlaoan, M.D. 7620 York Road, Baltimore, Md. 21204		1	lagan M D		c Road Rollimore	Md. 21204
	22 Dillia Christat					
230 BURIA, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stole) CREMOVAL (Specify) 2-16-67 REMOVAL (Specify) 2-16-67 REM		1			1 1 1	1 1 1 1
24 FUNERA, DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25D REGISTRAR'S SIGNATURE		_ , , ,		2So REC'D		
Leonard J. Ruck Inc Bultimore, ind. DATE EER 1 1 1007 the world lines.	7			/		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death ce**stific**ate be executed within 24 hours after death. Page 4 may be retained by the haspital at ottending physician.

VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b COUNTY MARYLAND C LENGTH OF STAY IN 15 b CITY OR TOWN (If outside corporate limits (f outside corporate limits, write RURA, and give nearest town) write RLRAL and a ve negrest town? d STREET ADDRESS e IS RESIDENCE ON A FARM? not in hospital, give street address YES NO D 3 NAME OF First Middle DATE Month Doy DECEASED 19 . (Type or print) DEATH AGE (In years IF UNDER I YEAR S SEX 6 COLOR OR RACE 7 MARRIED IF UNDER 24 HRS NEVER MARR ED last buthday) Months Hours WIDOWED D VORCED 10g USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 12 C TIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country). during most of working life, even if settred) COUNTRY? INDUSTRY LEANING 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME 5 RELNE WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) ONSET AND DEATH DEATH WAS CAUSED BY C. KUULATE IMMEDIATE CAUSE (c) 1221 DUE TO INSUFFICIENCY Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse łost WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CFRTIFICATION YES NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c TiME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) Hour o.m. factory, street, office bldg, etc.) While of work of work 21. I certify that (1) (this haspital) attended the deceased fram. 11 con-11 19 2 0, to 12 (17 , 18 67, that (1) (we) last

The law reguires flat the death certificate be executed within 24 hours after death cremation, ar remaval, permit. signed by the burial-transit p O HOSPITAL OR ATTENDING PHYSICIAN: The law reguires #Ec Page 4 may be retained by the hospital or attending physician. burial, as the priar tal has been State Dept. of Health this certificate detached TO FUNERAL DIRECTOR: After þ director, page 3 should should be filed with the

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lease remave carbon papers. Pag and in any event, within 72 hours

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physician a

Then

VR A15 [4] 20 M 1/66

230 BURIAL CREMATION DATE THEREO 24. FUNERAL DIRECTOR

MORR

saw the deceased alive an

22o. SIGNATURE

22c. PHYSICIAN!

NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

M.D.

PHYS

22d ADDRESS

194_

MEILLER

23d 10CATION (City, or Town

BAKER AUG. XA

STAFF

7, and that death occurred at 5.55 M, fram causes and an the date stated above.

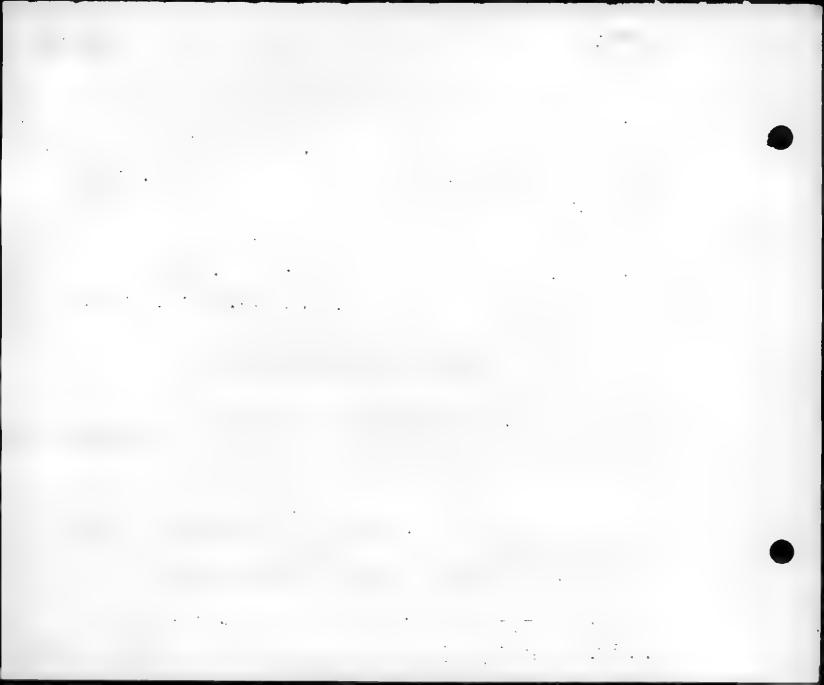
DIRECTOR

(County) (Stote)

22b. DATE SIGNED

RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATUR





FOR STATE HEALTH DEPT.

cessary. O DEPUTY MEC. EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief "edical Examiner's Office along with form PM3. Page

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. director. Page 4 should retained for your files. VR ALSME (5) 1/65 V

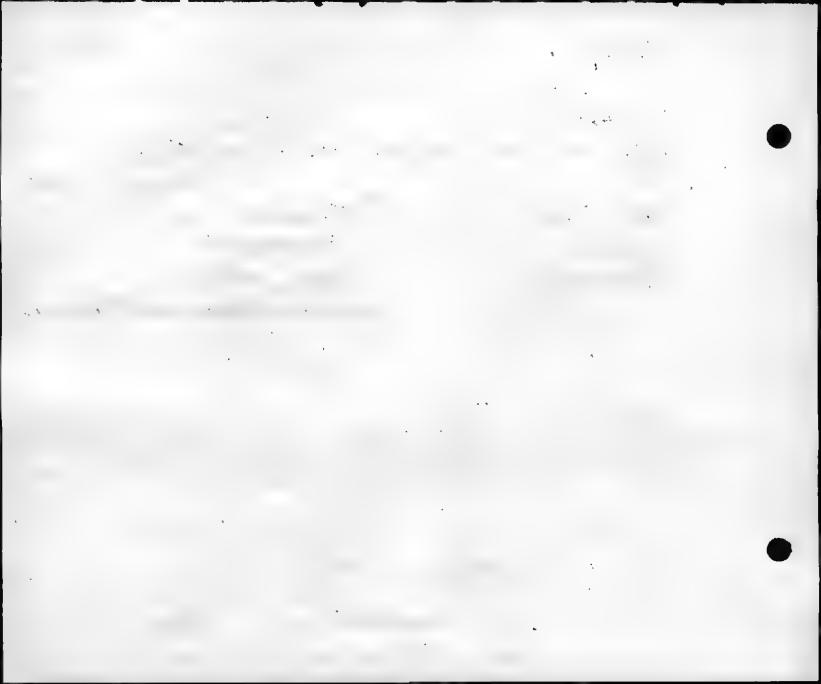
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01780

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. COUNTY	a. STATE D. COUNTY
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
write RURAL and give, nearest town)	Ballener
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
"Villea almentedin Hrapital	448 Pet man. Pluse VES NO [
3. NAME OF First Middle DECEASED	Last 4. DATE Month Oay Year
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m 1 1 1 1	8. OATE OF BIRTH 9. AGE (In years WUNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Oays Hours Min.
MIDOWED DIVORCED	11/12/28/1928 38 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INOUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Latored	Trusville n. C
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Tom Kane	Mina Sellencel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMABLE Address Address
1	in pec. VA adm. Hope I Howard mo
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)	us per actor and ear a Interval Between
DUE TO SOL	N. I.
Conditions, if eny, which	DeGree Durns Zulls
gave rise to immediate cause (a), stating the DUE TO	
underlying cause lest. (c) dock arm	o + Hands
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
I V	YES NO Z
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI-	URREO. (Enter nature of injury in Part I or Part II of Item 18.)
2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ICE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour s.m While Whot While	ory, street, office bldg., etc.) Partition Mit
21. I certify that I fook charge of the remains described above, he	
	icide . Homicide . Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE THEO C. Calleren	M.O. ASSISTANT MEDICAL EXAMINER . 22. DATE SIGNED
0 0 0 11	DEPUTY MEDICAL EXAMINER 2/7//
NAME (Type) THEO, C. PHHERSON	Address (Street, city, town, or county)
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER'	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
24. FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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THEE CENTER TO THE COLOR	SMAT DATE FEB 2 4 196/ Julianes July

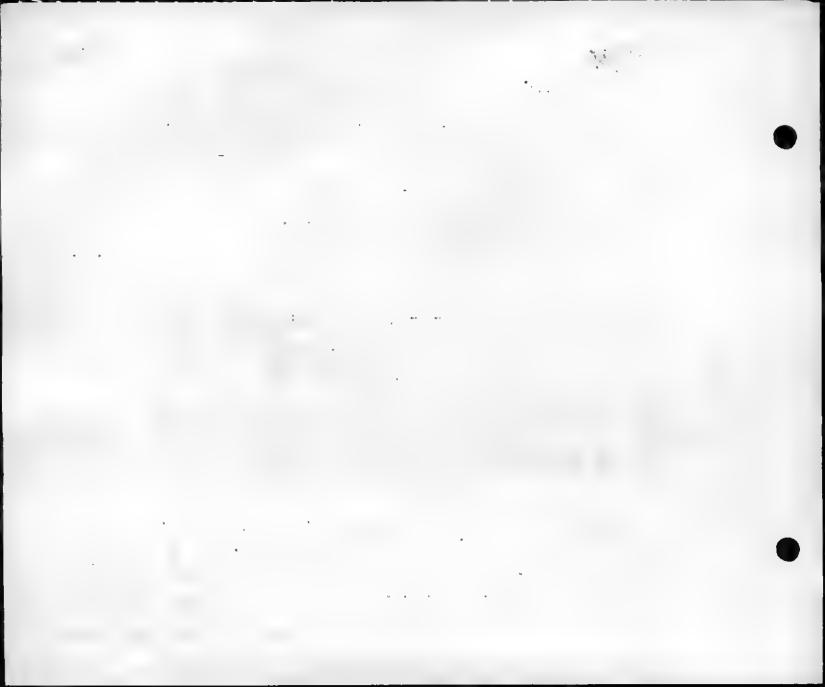


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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PLACE OF DEATH						Where deceased aved, if in		nce before odmissian)		
o. COUNTY	Baltimore		MA	RYLAND	"	aryland b. COUNTY Baltimore				
b CITY OR TOWN	(If outside corporate imits	,	CLENGTH OF STATE	Y IN 1b	c. CITY OR TOWN (If autside carparate amits, write RURAL and give nearest town)					
WITE KJIKAC G	aton ville		lyr3mthl	4dys	Middle Ki	ver, Maryla	nd			
d. NAME OF HOSP	ITAL OR INSTITUTION (If no	t in haspital, g	ive street address)		d STREET ADDRESS			e IS RESIDENCE		
SPRING (GROW STATE	HOBP	ITAL	Route	15 - Box 71	.2	ON A FARM? YES NO			
3. NAME OF	3. NAME OF First Middle						Month	Doy Year		
DECEASED (Type or pont)	Marv		L.	De	elanty	OF DEATH	'ebruary	3 19 67		
S SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARR		B. DATE OF BIRTH	9 AGE (In yea	rs F UNDER	1 YEAR IF UNDER 24 HRS		
female	white	WIDOWED	DIVORC		Nov. 6, 190	DO last birthdo	y) Months	Doys Hours Min		
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house	wife				Ohio			. S.		
13. FATHER S NAME					14. MOTHER'S MAIDEN I					
	McGinty					zabeth Staud				
	VER IN U.S. ARMED FORCES? (If yes give war or dates a		OCIAL SECURITY NO.	17. 1	NFORMANT		Address			
ND	in yes give war ar adies a	70	06-16-755	1 R	ecords: SPI	RING GROVE	STATE	HOSPITAL		
	DEATH (Enter anly one cau	se per line for	(a), (b), and (c).)					INTERVAL BETWEEN		
	ATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Pulr	monary em	bolis	m, acute			ONSET AND DEATH		
466	X DUE	. ,								
Conditions, if an	y, which gave)	(b) Three	ombosis,	right	leg					
rise to immedia	ate couse (o),	(-)								
stating the und	ieriying couse	(c)								
PART II OTHER	SIGNIFICANT CONDITIONS CO		O DEATH RUT NOT P	FLATEO TO 3	THE TERMINAL DISEASE CON	IDITION CIVEN IN PART 16	1	19 WAS AUTOPSY		
NO I MANUEL MANU	STORITIONS CONDITIONS CO	JAIKIDOTIAO 1	O DEATH DOT NOT N	CONTRO TO	THE TERMINAL DISEASE CON	WITH CITCH IN TAKE TO	'/	PERFORMED? YES X NO		
S ACCIDENT W	AS JNDERLYING	20h OES	COIDE HOW INTIDY	OCCUPPED	(Enter notice of inner in	Part I or Part It of item 16	1	113 🔼 110 📋		
OR CONTRIBUTION	IG (CAUSE OF DEATH Y MEDICAL EXAMINER)	200 000	CKIDE HOT IIIOKT	CCCURRED	Cine notice of injury in	TOTAL OF TOTAL OF HEILS FO	,			
20c TIME OF IN	JURY Month, Day, Year		JURY OCCURRED		E OF INJURY (Home, form		n) (Co	unty) (State)		
Hour c	o.m. 19	While at wark	Nat While] 1001	ary, street, office bldg., etc.)					
21. I cer	tify that (1) (this has	pital) attend	led the decease	d fram	Oct. 12 ,1	9 65, to Feb.	3_, 19_	6 (that ₹1) (we) las		
saw the	deceased alive an	Feb	3 19 67	and that	death accurred at:	L:15 M, fram cau	ses and an t	he date stated above		
22a. SIONATUR	Million	A EM	constit	TE MIS	ATTENDING D	MED STAFF DIRECTOR PHYS.		ATE SIGNED -3-67		
22c. PHYSICIAN	5 61	//	1/11/		22d ADDRESS SP		STATE	HOSPITAL		
NAME (Typ	ntkony	J. You	ung, M.D.		Ba	ltimore, Mar	yland 2	21228		
230 BUR AL, CREMAT		REOF	23c NAME OF CE	METERY OR	CREMATORY	23d LOCATION (City of	or Town)	(County) (State)		
REMOVAL (Speci	2/7	167	1.6:	*	math.	anlungt	12			
24 FUNERAL DIRECT	FOR		ADDRESS	1m	2Sa REC'D	BY REGISTRAR 258	. REGISTRAR S S			
1 4 1	10 8		300	m.	DATE I	EB 7 1967	7 mlu	arley Judge		
11.12.6	municity of	me	200	1/20	DAIL	- IVV	11	1		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages I and 2 should be filed with the State Dept. at Health prior to burial, crematian, ar removal, and my event, within 72 haurs after death/ **FOURSTITM OR ATTIMITING ENYSMENT:** The law requires that the de≡th certificate be executed ≡ithin 24 haurs aft≡ ⊒ath. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #3 Film

CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where decensed lived, if institution Residence before admission) b. COUNTY o. COUNTY Baltimore Maryland MARYLAND b CITY OR TOWN (If outside corporate I mits, write RURAL and give negrest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate 1 mits, write RURAL and give nearest town) popers. Pagé hin 72 haurs a 33yrlOmth 1.0dys Baltimore Catonsville d STREET ADDRESS B IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 102h Denver Street SPRING GROVE STATE HOSPITAL within YES NO NAME OF Arthur First Middle DATE Month a.k.a. Delker DECEASED February Arthur 67 evení, Delcher 19 (Type or print) DEATH F UNDER YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE NEVER MARRIED [24] B. DATE OF BIRTH 9 AGE (In years 7 MARRIED birthdoy) Feb. 20, 1899 Months Doys Hours any male whi te WIDOWED DIVORCED 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Store, or foreign country) and in during most of working life, even if retired) **COUNTRY?** INDUSTRY S. laborer Mary land attending physic permit. Then ple ian, ar remaval, c 14. MOTHER S MAIDEN NAME 13. FATHER'S NAME Carrie Myers George IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (I yes give wor or dates of service Records: STATE SPRING GROVE HOSFITAL CAUSE OF DEATH (Enter only one couse per ine for (o), (b) and (c))

Coron ary hrombosis crematian, NTERVAL BETWEEN signed by the burial-transit p burial, cremati ONSET AND DEATH DUE TO Arteriosclerotic cardiovascular disease Conditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse as the priartat lost. 19. WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION Health Carcinoma of cecum NO 200 ACCIDENT WAS JNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) æ OR CONTRIBUTING CAUSE OF DEATH letached Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INTURY Month, Dov. Year Haur o.m. Not While foctory, street, office bldg., etc.) State [of work ot work 21. I certify that (% (this hospital) attended the deceased from. 27, 1967, that (1) (MACC) lost director, page 3 should should be filed with the M, from causes and on the date stated abave 19 67, and that death accurred at sow the deceased alive on ____ 22b. DATE SIGNED 220 SIGNATURE MED 2-28-67 DIRECTOR GROVE HOSPITAL 22d ADDRESS SEIRLING 22c PHYSICIAN'S Wachsler, M.D. NAME (Type) Baltimore, Maryland 21228 230 BUR AL CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR 2So. RECIDABY REGISTRAR REGISTRAR'S SIGNATURE DATE

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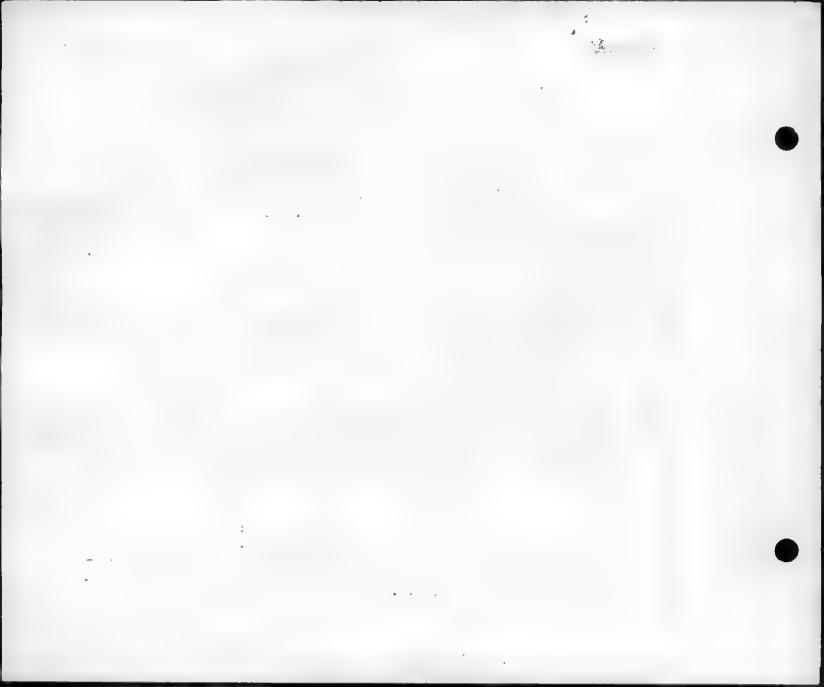
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TO FUNERAL DIRECTOR: After Page 4 may 20 M 1

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		b. CITY OR TOW Write RURAL	N (if outside corpora and give nearest tow	te limits, in)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	if outside corp	orate Ilmits, wri	te RURAL and	give neare	est town
	_	Monkto	on			Monkt		- Avoi	ndale	03	-/
					hospital, give street address)					e. IS RE ON A	SIDENCE FARM?
1			Road at H			· · · · · · · · · · · · · · · · · · ·		Herefo		YES T	NO 🗌
	3.	NAME OF DECEASED		rst	Middle	Last	4. DATE OF	Month) Di	ay Ye	ear
		(Type or print)	Jen			Detrick	DEATH		cuary]	1] 19	
	5.	SEX	6. COLOR OR RACE	7. MARRIEC	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years last birthday)	Months I Days	Hours	
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	15 (Ye	. WAS DECEASED s, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16. f service)	. SOCIAL SECURITY NO. 17.	INFORMANT		Addres	S	Md.	
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					line for (a), (b), and (c).]	1 1 1	1 1		INI	TERVAL BI	ETWEEN
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*;	ATIO	PART II. OTHERS	HIGH I FICANT CONDITION	INS CONTRIB	UTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	L DISEASE COND	ITION GIVEN IN	PART 1(a) 19	PERFO	UTOPSY RMED?
	FIC									YES 🗍	NO 🗌
	CERTIFICATI	OR CONTRIBUTE	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEA TIFY MEDICAL EXAMI	TH 20b.	DESCRIBE HOW INJURY OCC	URRED. (Enter nature	of injury in Pa	rt I or Part II of	i item 18.)		
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	MEDICAL	20c. TIME OF	INJURY Month, Day,	Year 20d. ! While	fact	ACE OF INJURY (Home, ory, street, office bidg.		City or town)	(County)	((State)
	2	p.r		at wor	k at work						
		21. I certif	y tha (1) (this hosp	ital) attend	led the deceased from		19.57, to_		_, 1967,		
			ceased alive on	2-10	1967, and tha	t death occurred at	4 A M, fro	m the causes			d above
		22a. SIGNATUI	Hartet	n	. 1	ATTENDING -	MED.	STAFF	22b. DATE S		
		22c. PHYSICIA	ALUMUS J.	Miller	M.	D. PHYS.	DIRECTOR	PHYS.	2-11-	6/	
f		NAME (T)		rbert	Mueller	22d. ADDRESS Parkt	on, Md				
ł	230	. BURIAL, CREM	ATION.I 23b. DATE	THEREOF	23c. NAME OF CEMETER			CATION (City, to	futured to the	10	state)
-	١_	REMOVAL (Spe	2/13/6		1 _				mn or county)	753	tate)
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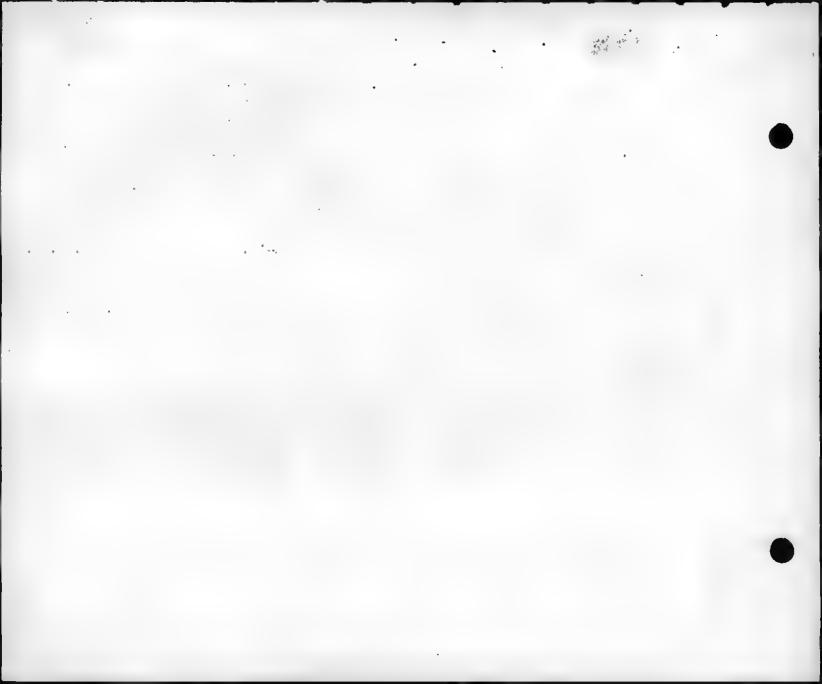
TO HOSPITAL OR ATTENDING PHYSICIAN: The lam requirem that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the adended physician and completely filled in by the funeral director, page 3 should be detached for use as the burlal-transit permits then please remove carbon papers. Pages 1 and 2 should be detached for use as the burlal-transit permits then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 5 (4) 1/65 AI5



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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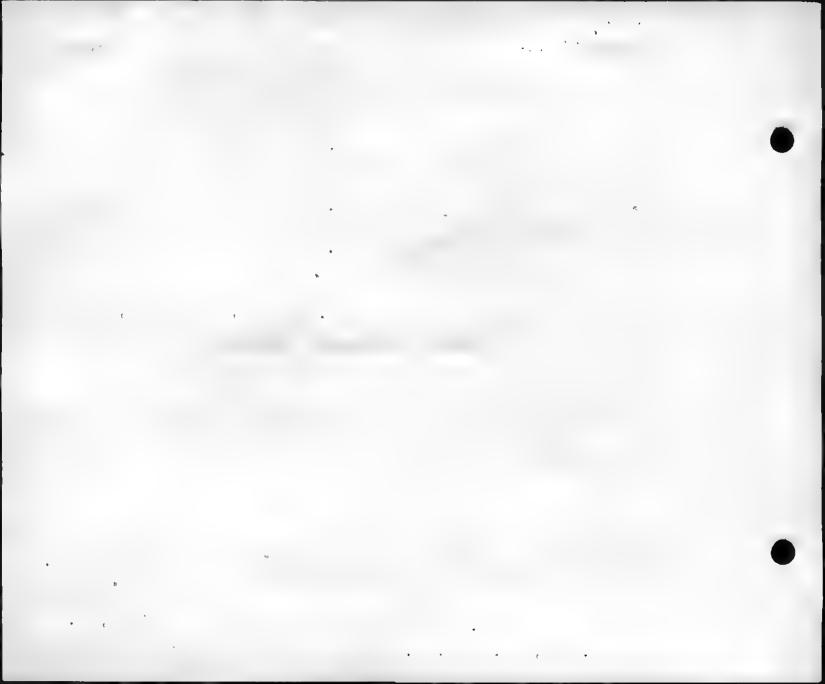
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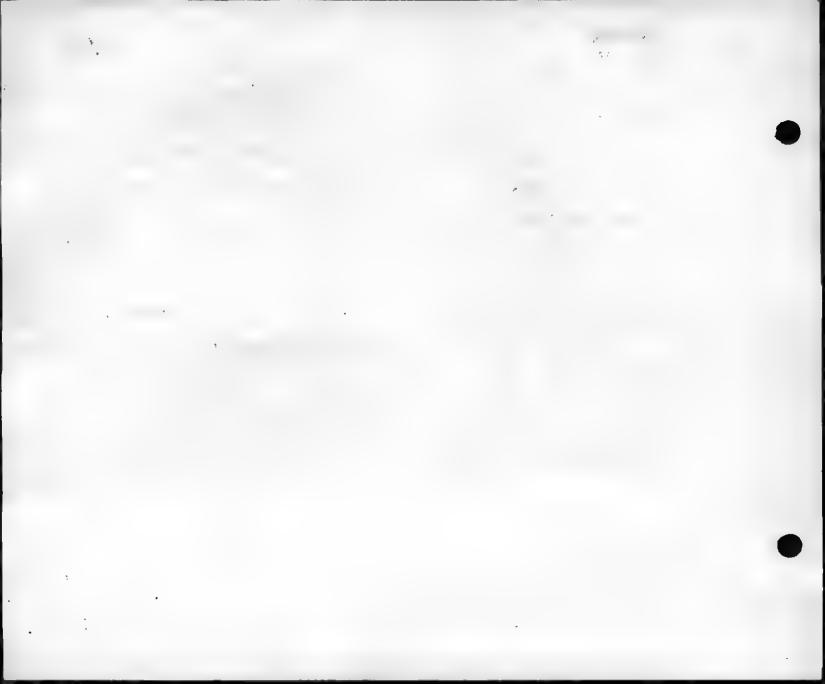
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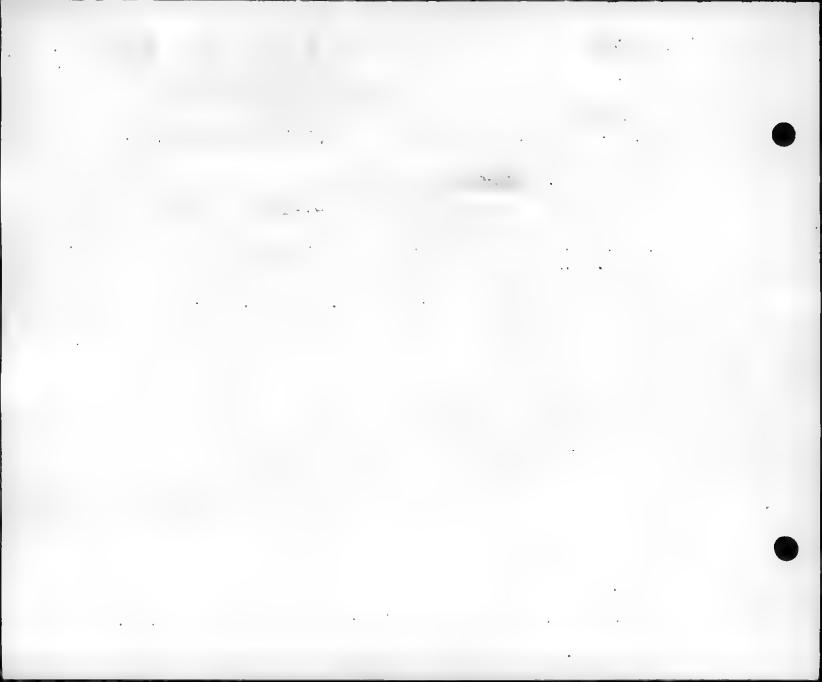
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01785 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before doministration) I. PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest tawn) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b 30-4 IS RES DENCE ON A FARM? d_NAME OF HOSPITAL OR INSTITUTION, (If not in haspital, give street address) d. STREET ADDRESS YES NO F NAME OF Middle DATE Lost Year DECEASED OF DEATH (Type or print) 196 S SEX 6. COLOR OR RACE AGE (In years IF UNDER I YEAR F UNDER 24 HRS MARRIED **NEVER MARRIED** lost birthdoy) Manths Hours MIDOWED DIVORCED 10h KIND OF BUSINESS OR 12 CITIZEN OF WHAT IDo_USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trading Stamp Co. 13 COUNTRY? ALTIMCRE 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Gay Carls, 8134 Burnside, HyattsvilleMo 18. CAUSE OF DEATH (Enter on y one couse per line for (a),
PART 1 DEATH WAS CAUSED BY NTERVAL BETWEEN (b), and (c) ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 3 F. YES DX NO 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 2Dc. TIME OF INJURY Month, Doy, Year 2Dd +NJURY OCCURRED 2De. PLACE OF .NJURY (Home, farm, (City or town) (Stote) (County) Hour o.m. foctory, street, office bldg., etc.) While Not While at work ot work 21 | certify that (1) (this haspital) attended the deceased fram 1-24-67, 1967, to 1967, that (i) (we) last 19 67, and that death accurred at 1.15 P.M. fram causes and an the date stated above. saw the deceased alive an. 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. 14/67. MD DIRECTOR PHYS. 22c PHISICIAN'S NAME (Type) BURIAL, CREMATION. DATE THEREOI OF CEMETERY OR CREMATOR' 23ø LOCATION (Cuty or Town) (County)
Baltimore, Md. (Stote) REMOVAL (Specify) Burial Moreland Memorial Cemetery 7/67. 24 FUNERAL DIRECTOR **ADDRESS** 2So REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Leonard J. Ruck, Inc. Balto. Md. 21214 DATE



- / /		EPARTMENT OF HEALTH	
1 (1	D1.786, 10a, 11, 13, 14 & 15 F1 m G 336	O W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 01	782
HEALTH DEPT.	The or Death 3a, b, c, d & 24 Film G 386 3/3/	72. USUAL RESIDENCE (Where deceosed lived if institution Residence be	fore odm ssion
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	3. NAME OF First Middle DECEASED	25	loy Year
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ld be execusted rd "pending n Chief Medical Etransit permit. En, ar remaval, on, ar remaval, on,	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART DEATH WAS CAUSED BY		NTERVAL BETWEEN ONSET AND DEATH WEEKS
shauld be en ward "perion the Chiefing the C	IMMEDIATE CAUSE (0) DITATEMATE PUTING	onary Tuberculosis, adv. 2	weeks
ward ward the Ch rial-tra	Conditions, if ony, which gove 3		
	rise to immediate couse (a), storing the underlying couse		
Frat ing ded ded as c			
is certificate should e, wring the ward farwarded to the Cl e used as a burial-tri a burial, cremation,	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CONDITION G VEN IN PART 1(0)	9 WAS AUTOPSY PERFORMED?
This crate, be far	E ntue.		YES NO
두 구 의	200 EXTERNA. (AUSE WAS 200 DESCRIBE HOW INJURY OCCURRED.	(Enter noture of in cry in Port I or Port II of item 18)	
INER: e certifi shauld files. 3 should int, prio			4
	S Hour o.m. White Not White for	ACE OF INJURY (Home, form 20f (City or town) (County) trory, street, affice bldg., etc.)	(Stote)
ecute Page or yal R:Pag	p.m. otwork of otwork of two charge at the remains described above, he	eld an Autopsy , Inspection X, Inquiry X, or	nd in my apinian
= \$ 2	death resulted fram: Natural causes , Accident , Sun		aa in my apinian
Mtbr.C. please e l director retained L DIRECT		CHIEF MEDICAL EXAMINER	
Plear I dis	SIGNATURE D. D. Caples	M D ASSISTANT MEDICAL EXAM NER	22. DATE SIGNED
ary, be ar i	EXAMINER'S D D C 1 1 1 D	DEPUTY MEDICAL EXAMINER	2/2//0
TO DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age	NAME (Type) D. D. Caples, M.D.	Address (Street, city, town, or county) Reisters	
2 = = 5	230 BURIAL REMAIL ON 235 DATE THEREOF 4 234 NAME OF CEMETERY OR	CREMATORY 23d LOCAT ON (City or Town) (Coun	Arull 11.
AM	24. FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNAT	URE
VR A15ME (5)	Middid Will: ams Funeral Home, 319 N		27 Junes
	St., B	Salto., Md.	





FOR STATE d within 24 hours after death. If any delay is in pencil in Item 18. Give Pages 1, 2, and 3 to examiner's Office along with farm. PM3. Page The pages land 2 with the State Department of

This certificate shauld be executed within 24 hours after death

necessary please execute the certificate writing the word "pending" the funeral director. Page 4 shauld be farwarded to the Chief Media

TO DEPUTY MEDICAL EXAMINER:

5 may be retained for your files.

VR A15ME (5) 6M 1/67

Health prior to burial, cremation, or removal, and in any event within 72 hours after death

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

	01788		MEDICA	AL EXAMINER	'S CERTIFIC	CATE OF I	DEATH		0.17.0	1	
1	PLACE OF DEATH o. COUNTYBalt	:0		MARYLANI	o. STATE	Md.	e deceased lived if	institution Re b. COUNTY B	alto	015 51 LLD	n)
	b CITY OR TOWN (outside corporate limitique nearest tawn)	1	LENGTH OF STAY N 16	ll .		carparate limits, w	rite RURAL on	d give neorest	town)	
	En.	kville	1	ife		rkvill	e		6	23!	
	d. NAME OF HOSPITA	L OR INSTITUTION (If no	it in haspital, give	street oddress}	d STREET A				(€	IS RESID	
^L	St.	Josephis	Hosp.		8609	Wende	l ave.		Y		NO 🔲
3.	NAME OF DECEASED		st	Middle	Last	4	DATE OF Fab	Month	La Day	Yea	r
	(Type or print)	JOHN	J	DURNER			DEATH CD		67	19	
5.	SEX	6. COLOR OR RACE	7 MARRIED X	NEVER MARRIED	3 DATE OF BI		9 AGE (In y	ears IF U	NDER 1 YEAR	Hours	24 HRS Min
	M	W	WIDOWED [DIVORCED [June 2						
	g, USUA: OCCUPATION ring most of working I	(Give kind of work done	10b, KIND (OF BUSINESS OR TRY	11 BIRTHP	LACE (State or fo	oreign country)		2 CITIZEN OF	WHAT	
	Printe		20th	Cen Pre		y 1 and			US ATRY?		
13	FATHER'S NAME					S MA DEN NAME					
		Durner				aret M	ue11er				
15 (Y	es no or unknown)	RIN U.S. ARMED FORCES? (If yes give wor or dates of	f service) 16 SOC	A. SECURITY NO	17 INFORMANT			Address			
	No.		1217	<u> 1-01-7024</u>	Fami	y reco	rds				
	PART I DEAT 4 X 0 I Conditions, if ony, rise to immediate stating the under lost	which gove) couse (o),	(p)	Typ	ry (ke.	ivsio	~	SE	SET AND DI	MIH 2-a-c
CATION		SNIFICANT CONDITIONS (ONTRIBUTING TO O	ENTH BUT NOT RELATED	TO THE TERMINAL	DISEASE COND T	ON GIVEN N PART	1,n}		WAS AUTO PERFORME S	PSY ED? NO
MEDICAL CERTIF CATION	200 EXTERNAL CAS PRIMARY ☐ or CON CAUSE OF DEATH		20b DESCRI	BE HOW NJURY OCCUR	RED (Enter noture o	ot njury n Port	l or Port that tem	8 }			
MEDICA	204. TIME OF INJU Hour our	1.0		Not While -	PLACE OF INJURY foctory, street, office		20f (City or to	own)	(County)	(9	State)
	21. I certify	that I taok charge	e of the remain	ns described obove	, held an Auta	osy , Ir	spection ,	Inquiry	, and	in my o	apinion
	deoth result	dage Nature	al rouses	Accident	Suicide .	Homicide [Jndetermin	ed manne			•
	ACTUAL //	11/2	10		10 (11	EF MEDICAL EXAL	WINER				
	SIGNATU	KRUDO	11/2	Denle	MD ASS	ISTANT MEDICAL	EXAM NER		2	2. DATE :	SIGNED
	EXAMINER'S	TIANTED TO	OIDON	MIDTT M		UTY MEDICAL EX			21-	2/1	7
				NELL, M.			town, or county)		-/-/	10	/
23	 BURIAL, CREMATIO REMOVAL (Specify) 			3c NAME OF CEMETERY	_		23d LOCAT ON ICH		(ou ly)	12)	ote}
	Burial	2/11/	67	Holy Rede	emer Ce		Balto	Md.	Dr. Con still	r	
1 2	4 FUNERAL DIRECTOR			ADDRESS		250 RECD BY			R'S SIGNATUR		
	CEEV	ANC & CON	1 8802 1	Harford r	'oad	DARLY	4 1967	silla	refor Co	edas.	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admissign) PLACE OF DEATH o. COUNTY Baltimore b. COUNTY Maryland MARYLAND b. (IY OR TOWN (If outside carparate limits c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Baltimore Towson 21205 d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) 3108 McEldry Street NO -St. Joseph Hospital YES NAME OF Middle Month DECEASED February Wallace 67 (Type or pnnt) William Eckert S SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED ast birthday) Months Doys Haurs Male White WIDOWED DIVORCED January 7, 1893 100 USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) CitySTROF Maryland Balto. U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown unknown 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) J.Claire Hewitt Eckert. wife, above no 220-03-3569 IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiovascular insufficiency IMMEDIATE CAUSE (a) 4221 DUF TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause 19. WAS AUTOPSY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) PERFORMED? Carcinoma of lung NO X 200 ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) Hour am. foctory, street, affice bldg., etc.) Not While at wark at work 21. I certify that (1) (this haspital) attended the deceased from , 19___, that (1) (we) last . ta and that death accurred at M, from causes and an the date stated above. saw the deceased alive an. 22g. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. 2-5-1967 DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN NAME (Type) 7620 York Road, Towson 4, Md. Juan G. Gan. M. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL, CREMATION (County) (Stote) REMOVAL (Specify) 2/8/67 Baust United Church Cem. Tyrone, Md.

2Sg. REC'D BY REGISTRAR

2Sb. REGISTRAR S SIGNATURE

Meneles

requires that the death certificate be executed within 24 haurs after death funeral I and Ter death Pages completely filled in by the ave carban papers. Page y event, within 72 haurs a filled completely f remaye and in any and ease permit. Thenspiron, or remove. signed by the attending burial-transit permit. by the haspital ar attending physician. has been stached far use as the Dept. af Health priar ta ATTENDING PHYSICIAN: The Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate detached director, page 3 shauld be filed v

VR A15 (4)€ 20 M 1/66

Inunek Funeral Home. Inc.

2601 E. Madison St.

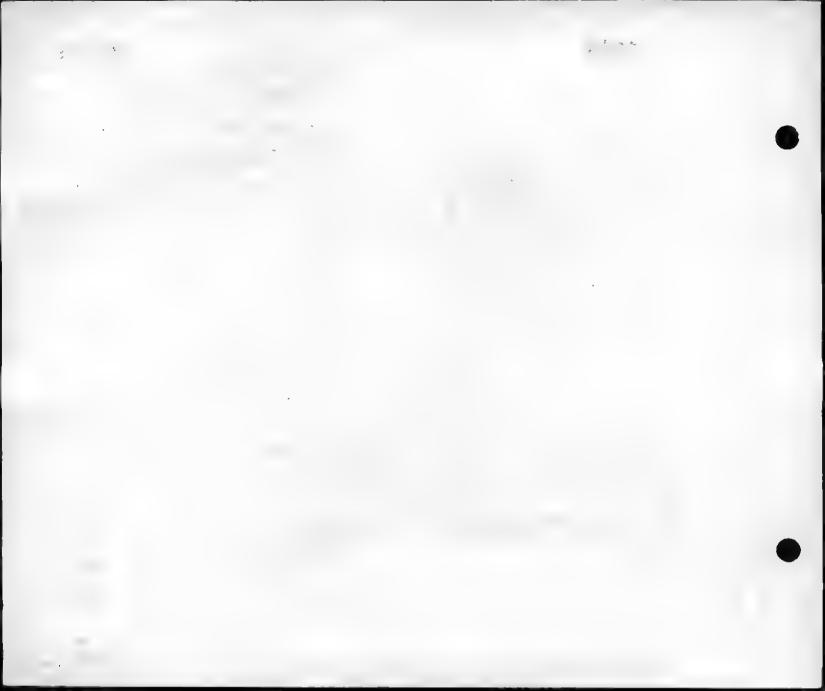


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Lunk	0179	0		CERTIFICATE	OF DEAT	Н		0175	36
funeration of the second	PLACE OF DEATH o. COUNTY Baltimore			MARYLAND	2. USUAL RESIDE g. STATE Marylan	NCE (Where deceased	lived, if institution b. COUN		re odmission)
s. Poges hours afte	b city or town (write RURAL on Towson	(If outside corporate limits, digive nearest tawn)	¢ LENG	TH OF STAY IN 16		(If autside corporate re 21220	ım ts, write RUR.	At and give neare	st town)
filled in b n popers. thin 72 no		AL OR INSTITUTION (If not head the head head)	in hospital, give street	oddress)	d. STREET ADDRES	lson Point	t Rd.		ON A FARM? YES NO
orbon p	3. NAME OF DECEASED (Type or print)	Firs	ohn	Middle F	Lost	SR DATE	Month Febru		
ond completely further services for any event with the services of the service	S SEX Male	6 COLOR OR RACE	7 MARRIED NE		DATE OF BIRTH	, 1920	GE (In years ast birthday) 46 yrs	F UNDER 1 YEAR Months Days	Hours Min
	during most of working	N (Give kind of work done	10b KIND OF BU (NDUSTRY	SINESS OR	11 BIRTHPLACE (C	ounty & State or foreig 3	lu conu _é tĂ)	12 CITIZEN O COUNTRY	
the ottending physician or nsit permit. Then please r motron, or remavol, and in	13 FATHER'S NAME	WEE W;			14. MOTHER'S MA MILLI		CLPIF		
		R IN U.S. ARMED FORCES? (If yes give war or dotes of	service) 16. SOCIAL SE	5 31011	NTHIA		Addres	BOVE	
by and a		EATH (Enter only one cous TH WAS CAUSED BY: IMMEDIATE CAUSE (Brain t	nd (ε))					TERVAL BETWEEN ISET AND DEATH
signed buriol- buriol,	Conditions, if any rise to immediat stating the unde last,	, which gave) le cause (a), DUE 1	b)						
icote hos been for use os the Health prior to	PART II OTHER SI	IGNIFICANT CONDITIONS CO		BUT NOT RELATED TO TH	IE TERMINAL D SEAS	E CONDITION GIVEN I	N PART 1(o)		WAS ALTOPSY PERFORMED? /ES NO SE
4- 4-	CIF FITHER NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCURRED. (I	inter nature of inju	ry in Part I ar Part II	of item 18.)		
er this e detad ate Dep	Hour o.i	m. 19	ot wark 🗀 at	While facto	OF INJURY (Home ry, street, office bldg	, etc.)	lity or town)	(County)	(State)
OR: Aft		ify that 🗱 (this has eceased alive an 🙎	ital) attended the	deceased fram_2, 19_67, and that	/17/ death accurre	, 19 <u>67</u> , ta d at <u>l. P.</u> M, t	2/23/ fram causes c		
O FUNERAL DIRECTOR: After this certification, page 3 should be detoched should be filed with the State Dept of	220 SIGNATURE	alado	7. 2)13	MD MD	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	Februar	y 23,1967
NERAL tor, po	NAME (Fype	Regalado	T. Dizon,	M.D.	7620 Yo	rk Rd., T			
direct short	230 BURIAL, CREMAT (REMOVAL (Specify 13 UR 16 24. FUNERAL DIRECTO	1/27/2	67 5%		OF FAIT		ION (City or Tow	m) (County M D . GSTRAR'S SIGNATU	
VR A15 (4) (ONNELLE			1ACE DATE				3. Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion

VR A1 20 M



301 W PRESTON STREET BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH

	01791	MED	ICAL EXAMINER'S			01787
1.	o. COUNTY Baltim	nore	MARYLAND	o STATE Maryl		Baltimore
	b CITY OR TOWN (fautsid write RURAL and give in Golden Ring	nearest tawn)	c LENGTH OF STAY IN 16		tside carparate limits, write RURAL o	,
		INSTITUTION (finat in hospital, o	give street address)	d STREET ADDRESS 8313 A1	Road Road	OL A CADIA?
3	NAME OF DECEASED (Type or print)	MARTIN	Midd e HENRY	ELL IGSON	4 DATE Month OF Februar	Day Year ry 1 1967
S		White WIDOWED	NEVER MARRIED	8 DATE OF B.RTH 1-7-1907		UNDER 1 YEAR FUNDER 24 HRS
	o. USUAL OCCUPATION (G ve k ring most of working life, eve Carpenter		ND OF BUSINESS OR DUSTRY Armeo	Baltimore	or foreign country) Maryland	12 CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME Wall	lliam P. Ellig	son	14. MOTHERS MAIDEN N	arbara Lightner	,
	es, no, ar unknown) (If yes g	5. ARMED FORCES? 16 give wor or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Address Elligson 8318 A	
	Conditions, if any, which rise to immediate cause stating the underlying clast.	MMEDIATE CAUSE (a) COTTLE DUE TO				ONSET AND DEATH
CATION	PART I OTHER SIGNIFICA	NT COND TIONS CONTRIBUTING 1	TO DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CON	DITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES X NO
CAL CERTIFICATION	20g EXTERNAL CAUSE WA PRIMARY LLI OF CONTRIBUT CAUSE OF DEATH 20g TIME OF INJURY Mg	App.	SCRIBE HOW INJURY OCCURRED Shot self. VJURY OCCURRED 20e PL/	(Enter nature of in ary in F	,	(Caunty) (State)
MEDICAL	Haur o m.	. 1 1967 While	Not While R Bas	tory, street, affice bldg., etc.) Sement	Ba	altimore Md.
	21. I certify that death resulted fed	-		cide 🗴 , Hamicide	Inspection [], Inquiry [], Undetermined mann	
	ACTUAL SIGNATURE	Breven	Tanks	M.D ASSISTANT MED	EXAMINER (X)	22. DATE SIGNED
000		liger Breitenec		Address (Street,	L EXAMINER , city, town, or county)	2/2/67
230	g BUR AL, CREMATION, REMOVAL (Specify)	23b DATE THEREOF 2-4-1967	23c NAME OF CEMETERY OR Holy Redeeme		23d LOCATION (City or Town)	(County) (State)

1957

FEB

DATE

Lassahn Funnal Home 740/ Roban Road

VR A15ME (\$)

FOR STATE HEALTH DEPT

d within 24 halls unter wearn. . . . 2, and 3 ta

This certificate should be executed within 24 hours after death. If

Examiner's Office alang with farm

the funeral directar. Page 4 shauld be farwarded to the Chief Medical 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit.

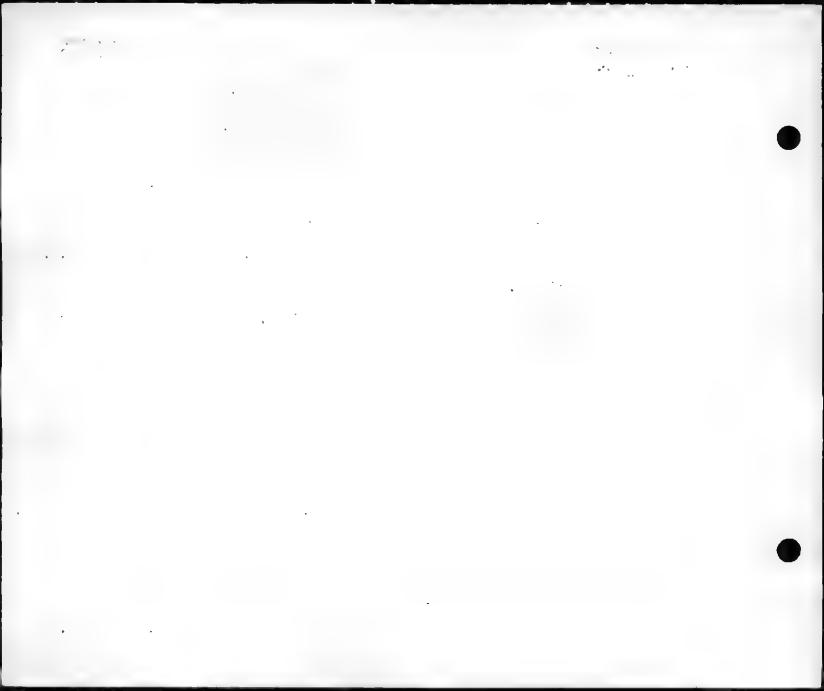
necessary, please execute the certificate, writing the ward "pending

THE EXAMINED

TE DIPUTY

pages 1 and 2 with the State Department af

ony delay is



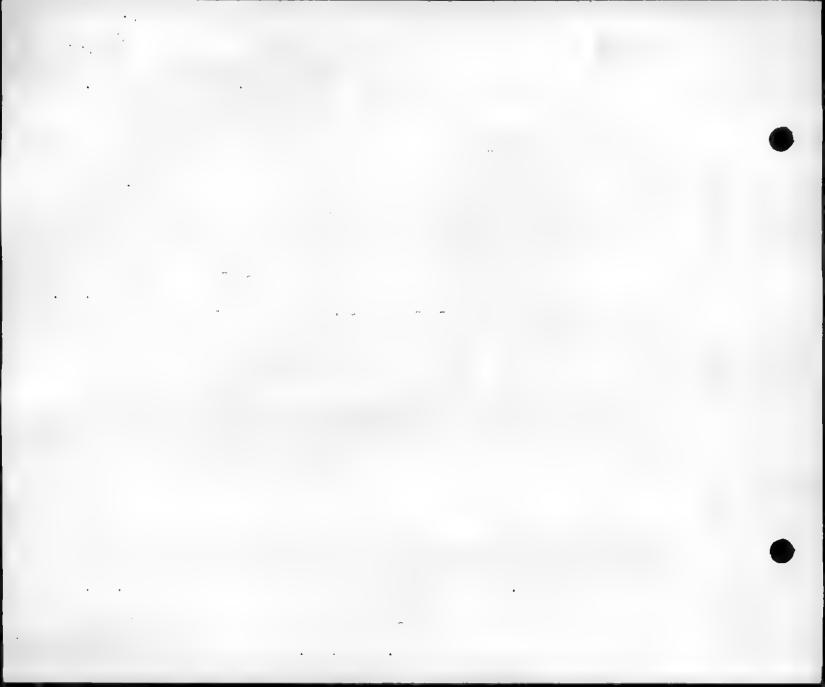
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be emecuted within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. Page 4 may be retained by the hospital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

BALTIMORE, MARYLAND 21201 DIVISION OF YITAL RECORDS, 301 W. PRESTON STREET, BALTI

01792	ı tems	11, 14	CERTIFICATE	OF DEATH	1	ſ	1173	8		
	Baltimore		MARYLAND	2 USUAL RESIDENCE (V		if institution Re b. COUNTYBa	s dence before 1to.	e odmission)		
b CITY OR TOWN write RURAL	(If outside corporate limits, ad give nearest town)	c. 1	LENGTH OF STAY IN 16	Essex	itside corparate limits,	write RURAL on	d g ve neores	t town)		
	tal or institution (if not iberg Avenue		treet oddress)	d STREET ADDRESS 1215 Hombes	rg Avenue			e IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or pnnt)	First Dai	sy	Middle May	E1za	4 DATE OF DEATH	Month Feb.	18	Year 19 67		
s sex Female	6. COLOR OR RACE White	MARRIED WIDOWED	NEVER MARRIED DIVORCED	8 DATE OF BIRTH 5-26-09	9 AGE (Ir lost bu	rthdoy) Mon	hs Doys	Hours Min		
100 USUAL OCCUPATION during most of working	IN (Give kind of work done girte, even if retired)	105. KIND O INDUST	F BUSINESS OR RY	Bowden,	& Stote, or fore gn cour west Virg		2 CITIZEN OF COUNTRY?	USA.		
13. FATHER'S NAME	Earl Arbo	gast		14. MOTHER'S MAIDEN I	NAME LY -					
1S WAS DECEASED EV (Yes, no, or unknown)	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) 234-44-4843 Mrs. Bernice Rowan-205 Linwood Ave-21224									
18. CAUSE OF I PART i. DE	DEATH (Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1100	(b), and lest which all allowing a	Pailure				ERVAL BETWEEN SET AND DEATH		
Conditions, if on rise to immedia	ite couse (o),	_ tau	icer of the	gall bludd				2. Months		
stoting the und	estAind conze	(Expl		parotruy		4		WAS A ITODSY		
CATION	significant conditions <u>con</u>		N	ione				WAS AJTOPSY PERFORMED? ES NO		
	AS UNDERLYING □ G □ CAUSE OF DEATH Y MEDICAL EXAMINER)			(Enter noture of injury n						
B Hour o	UURY Month, Doy, Yeor m. 19	20d INJJR) While of work	Not While for	ACE OF INJURY (Home, form tory, street, office bldg., etc.)		town)	(County)	(stote)		
saw the o	ify that (I) (this haspi deceased alive an	1 1 (()	the deceased fram19	of death accurred at	10 2 M, fram	causes and a	an the date			
	220 SIGNATURE CLYCLE C. DAMM WWW MD ATTENDING MED DIRECTOR PHYS 120 DATE SIGNED 67									
22c. PHYSICIAN' NAME (Typ	Eugene C. E	aumann		413 Easte	rn Avenue,	, Balto,	,Md.			
230 BURIAL, CREMAT REMOVAL (Speci Burial	(y) 2-22-67		dd Fellows	Cemetery	23d. LOCATION (Elkins, l	West Vi				
24 FUNERAL DIRECT	oward H. Hubbard-4107 Wilkens Ave. Balto., Md. Date B 2 4 1967 Hubbard-4107 Wilkens Ave. Balto.									

VR A15 (4) 25M 1/67



and 2 death. death. the 1. es l after after by Page on papers. Pag within 72 hours hours Ξ filled completely event, геточе lease remov and in any and nding physicient: Then please re-removal, and in be cert cate attending parmit. Then transit permit. dillth the been signed by the the burial-transit in or to burial, cremati by the hospital or attending physician. ATTENDING PHYSICIAN: The faw requires that as the b DIRECTOR: After this certificate have 3 should be detached for use led with the State Dept. of Health | retained D HOSPITAL

VR A15 (4)

1400

Page 4 ...
TO FUNERAL DIM.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b OWSON MO B d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? 6 ND X NAME OF 3. Middle DATE Last 4. Month Day Year DECEASED ÕF None 196 ROME (Type or print) DEATH e bruin SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. last birthday) Months I Days Hours DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | during most of working life, even if retired) 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY EN COUNTRY? 5 MORE Praducts 13. FATHER'S NAMEF XO CULTIVE MOTHER'S MAIDEN NAME 14. EDEN GE e00 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) (If yes nive war or dates of service) 8206 Tama Court #8
INTERVAL BETWEEN
DISSET AND DEATH
12 Cars 217-05-8166 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: EUMON11) IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last, PART II, DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATE 19. WAS AUTOPSY PERFORMED? ND 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 1 of Item 18.) 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While 19 p.m. at work at work 19 6 Z, that () 21. I certify that 4) (this hospital) attended the deceased from. 45 A.M. from the causes and on the date stated above. and that death occurred at? saw the deceased alive or 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S ADDRESS 22d. NAME (Type) NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. DATE THEREOF LOCATION (City, town or county) REMOVAL (Specify) Burial 9 Markand ltimore. ADDRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY 25b. Lean Ely udes 6010 Reisterstown

CERTIFICATION MEDICAL 24. Inc. .



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W., PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2c & d OF DEATH 01794 2. USUAL RESIDENCE (Where deceased lived, if institution PLACE OF DEATH Residence before admission) o. STATE b COUNTY a COUNTY Baltimore Baltimore MARYLAND b CITY OR TOWN (f autside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 2123 Oakland Kdi # 5743 Bandnason Avenue Ridgeway Manor Nursing Home YES NO 10 3. NAME OF Middle 4. DATE First Last Day Year DECEASED OF DEATH Ada L. 2 Fair 19 67 (Type or pnnt) IF LINDER 24 HRS S SEX 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last 92 yrs Manths Days Haurs Female 12-23-1874 White WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12, CITIZEN OF WHAT during most of working life, even if retired) **NDUSTRY** COUNTRY? At Home Virginia II.S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, go, or unknown) (If yes give war or dates at service) 285-34-7439A Mr Otto Egner Chase P.O. Chase, Md. 21227 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: ONSET, AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS) PERFORMED? CERTIFICATION NO 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Store) Hour o.m. **Not While** factory, street, affice bldg., etc.) at wark at work 19___, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram_ ta 🤊 🦳 and that death occurred at 1033 M. fram causes and an the date stated above. saw the deceased alive an 10 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF M.D DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)

23c NAME OF CEMETERY OR CREMATORY

ADDRESS

Grand View Cemetery

23d LOCATION (City or Town)

Chillicote

(County)

Ohno

(Stote)

TO FUNERAL DIRECTOR: After director, poge 3 should be filed v VR A15 (4) 20 M 1/66

BURIAL CREMATION.

REMOYAL (Specify)

FUNERAL DIRECTOR

Buria

23b. DATE THEREOF

3-2-1967

O HOSPITAL

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death

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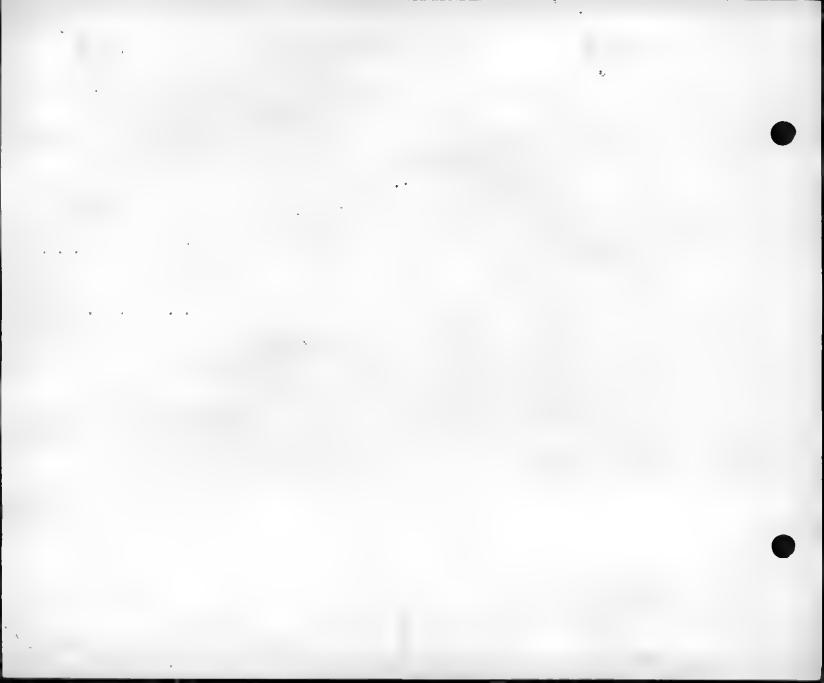
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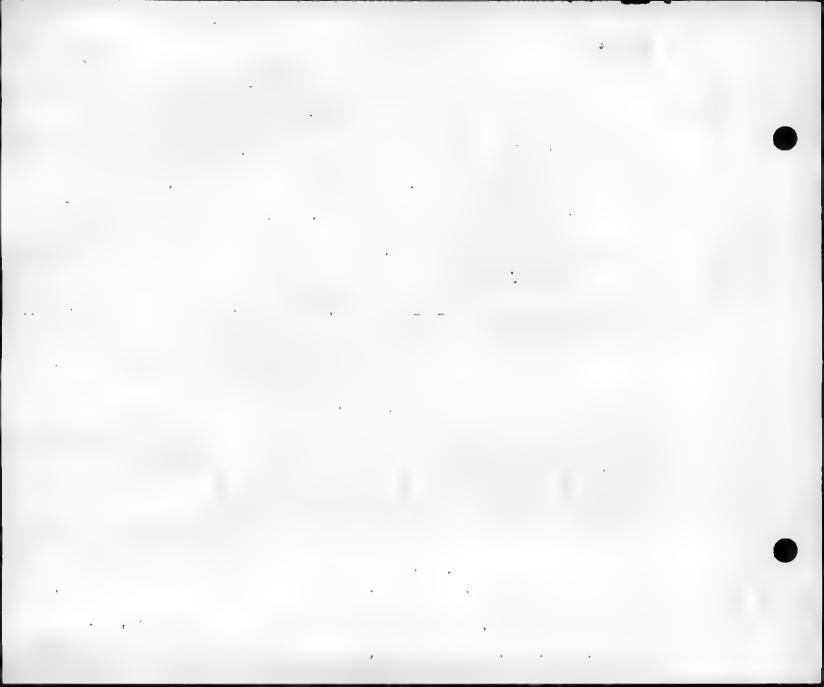


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0	1795			CERTIF	CATE	OF DEAT	Ή		n	170	11
	CE OF DEATH DUNTY	Baltimore		MARYI	LÂND	o. STATE ME	arylan		NTY Bal	Ltimo	re
b (1	TY OR TOWN (rite RURAL and LO	f autside corporate limit I give necrest town) WSON	rs,	c LENGTH OF STAY IN	l 1b	Towson		corporate +m ts, write RU 1201	RAL and give	e neorest	town)
d Ni		4. OR INSTITUTION (IF I				d STREET ADDRE	16HY	Hardwick	Road	e Y	IS RESIDENCE ON A FARM? YES NO A
3 NAN DECE (Type	ME OF EASED e or print)		JOSEPH	FAUSTMAN		Lost		DATE Mon OF Februar DEATH Februar	ry 27		Year 1967
s sex	ale	6 COLOR OR RACE white	7 MARRIES WIDOWEI	23.		Jan. 21,		9 AGE (in years last b rthdoy) 53 yrs	IF JNDER Months	Days Days	Hours Min
1Do USU during n	JAL OCCUPATION nost of working Luggag	(Give kind of work done le, even if retired) e manager		KIND OF BUSINESS OR INDUSTRY.			County & State	re or foreign country)		T ZEN OF DUNTRY?	JSA_
	HER S NAME	William A.	Faust	man		14. MOTHER'S MA		Anna Grandy	T		
(Yes, ng	S DECEASED EVE prunknown) Yes	R IN U.S. ARMED FORCES? (If yes give wor or dates W. W. 2	. 6	5. SOCIAL SECURITY NO. 213-05-7382		nformant s. Mary H	Read F	austman, 16		dwic	k Rd.,L
T 18.		EATH (Enter only one co IH WAS CAUSED BY IMMEDIATE CAUSE	1	or (o), (b), and (s).)		arren	t				RYAL BETWEEN ET AND DEATH
	nditions, if any	, which gove)	(b)	oronary"	illo	online.	ia,	provav	6_	Mary	mita
	to immediate ting the unde		(c) There	Vally de	e_I	o Coz	mar	y Insuit	recen	3	をかれ
PA	RT II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	G TO DEATH BUT NOT RELA	ATED TO	THE TERMINAL DISEA	ASE CONDITIO	N GIVEN IN PART 1(4)		19. \ YES	WAS AUTOPSY PERFORMED? S NO 4
I ≅ OR	CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205	DESCRIBE HOW INJURY OC	CURRED.	(Enter nature of inj	ury in Part I	or Part II of item 18)			
MEDICAL 2D	TIME OF INJU	10	Whi	INJURY OCCURRED ile Not While ark of work		CE OF INJURY (Hom ary, street, office bld		20f (City or town)	(Co:	ionty)	(Stote)
		fy that (I) (this ho		ended the deceased	from_ ind tha	t deoth occurre	20, 196 ed of 1	3, to 40 Drug A. M, from couses	<u>ਰਸ਼ਹ,</u> 19 <u>ਨ</u> oਜੀ on t	幻, the he dote	at (I) (we) lo
22	SIGNATURE	am P.B.	2-0-2	2,	М.		MED. DIREC			ATE SIGNE	4 6
27	C. PHYSICIAN S NAME (Type	Dr. Will:	iam P.	Benson, Jr		22d. ADDRES	3506	N. Calvert		Balt	0., 18
	RIAL, CREMAT (67.	23c. NAME OF CEME Loudon Pa:		emetery		23d LOCATION (City or To Baltimo	re, M		
	neral directo		cBa	ADDRESS ltimore, Md	1	250	RECTO BY	2 1967 25b. R	CLICAN S S	HENATUR	udge

and campletely filled in by the funeral remave carban papers. Pages 1 , and 2 in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical director, page 3 should be detached far use as the burial-transit permit. Then predestabuild be filed with the State Dept. of Health priar to burial, crematian, or remards—and

VR A15 (4) 20 M 1/66



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death. eath, emecated within 24 hours after TO MOSENTAL OF ETTERNIA PHYSICIA The law requires that the Menth certificate me Page 4 may be retained by the homeital or attending physician.

VR A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01796 CERTIFICATE OF DEATH 01792

A. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY D plf. ma D =	a. STATE b. COUNTY
b. CITY DR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
CATONSVILLE	CATONSVIILE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
GON STONEY / AND	400 STONEY LANE YES NOW
3. NAME DE First Middle	
DECEASED	Last 4. DATE Month Day Year
(Type or print) FRANCIS	-AYA DEATH FED, 17 196/
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
WIDOWED DE DIVORCED	OCT. 29 1864 82 yrs. Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	1 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1/20001	Manda Market Market
MERINN YAYA	MARY MOITMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT
Wh	AHER PIFAYA GOO'S STONEY LAW
1 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	10042
7221 DUE TO S S SM	
Conditions, if any, which (b) COID-C-O-C) <u> </u>
gave rise to Immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
18 Ofto Onthe Gita	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU B DR CONTRIBUTING CAUSE OF DEATH C (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
3 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE Factor While at work 19 at work	11 access and make access
21. I certify that (I) (this hospital) attended the deceased from	-1 1965 to 2-17, 1967, that (I) (we) last
13 . 7 / 10	
saw the deceased alive on, and that	death occurred at M, from the causes and on the date stated above.
22a. Statistione	ATTENDING MED. STAFF
M.D	PHYS. LA DIRECTOR PHYS. 1 2 10 60
22c. PAYSICIAN'S NAME (Type)	1011-Fraderick - 28
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL (Specify) 12/20/67 NEW CATA	EDERAL BALLIMORE 18 MM.
24. FUNERAL DIRECTOR ADDRESS .	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
English Country 6 1/1/ Engrove	AUF DATE C 20 1967 He travelos
TENKIET CNENNAUDD GOULFEEDEKICK	NUF DATELLU LU LUUIUI ()



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Whare deceased lived, if institution; Residence before admission) PLACE OF DEATH e. COUNTY b. COUNTYby the and 2 death. MARYLAND BALTIMORE MARYLAND NEE DEORG b. CITY OR TOWN (if outs de corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) .57 after RELNBELD CATONSVILLE Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if no) in hospital, a ve street address) IS RESIDENCE d STREET ADDRESS hours ON A FARM? YES NO V DNIF completely 3. NAME OF paper n 72 h DATE Middle Last 4. Month Day Yaar DECEASED OF DEATH (Typa or print) 196 carbon part, within OHN MONIN 5. SEX 6. COLOR OR RACE 73 MARRIED NEVER MARRIED 9. AGE (In years | IF JNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH last birthday) and Hours Min. event, WIDOWED X DIVORCED ysician move 10s. JSUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 8IRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY dana during most of working life, even if ratirad) Then place ren vel, and in ony 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then I 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. AMMED FORCES? INFORMANT P.O. BOX removal (Yas, no, or unkown) | (Ifyas give war or datas of sarvice) GREENBELTT MARYLAND the permit. 18. CAUSE OF DEATH [Entar only one cause INTERVAL BETWEEN ģ ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) has been signades burial-transit p emation. DUE TO Conditions, if any, which gave rise to immediata causa Ü DUE TO certificate has bur use as the bur prior to burial, (e), stating the undarlying 10 ONTHIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (10) 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CERTIFICATION PERFORMED? NO Z YES prior 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Itam 18.) 2Da. ACCIDENT WAS UNDERLYING this o OR CONTRIBUTING [CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) R: After thi detached f MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED I 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Steta) While fectory, street, office bldg., atc.) Hour e.m. Not While ö at work at work DIRECTOR: 1009 ... that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from..... om the causes and on the saw the deceased alive on date stated above. and that death occurred a 22a SIGNATURE DATE ATTENDING SIGNED STAFF PHYS. DIRECTOR PHYS. rath. Page 4 M.D. HOSPITAL page with 11 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, (State) 23a, BURIAL, CREMATION, 23c. NAME OF CEMETERY/OR CREMATORY LOCATION (City, fown or sounty | 25b. REGISTRAR'S SIGNATURE 25a. VR A15 (4) DATE

DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT

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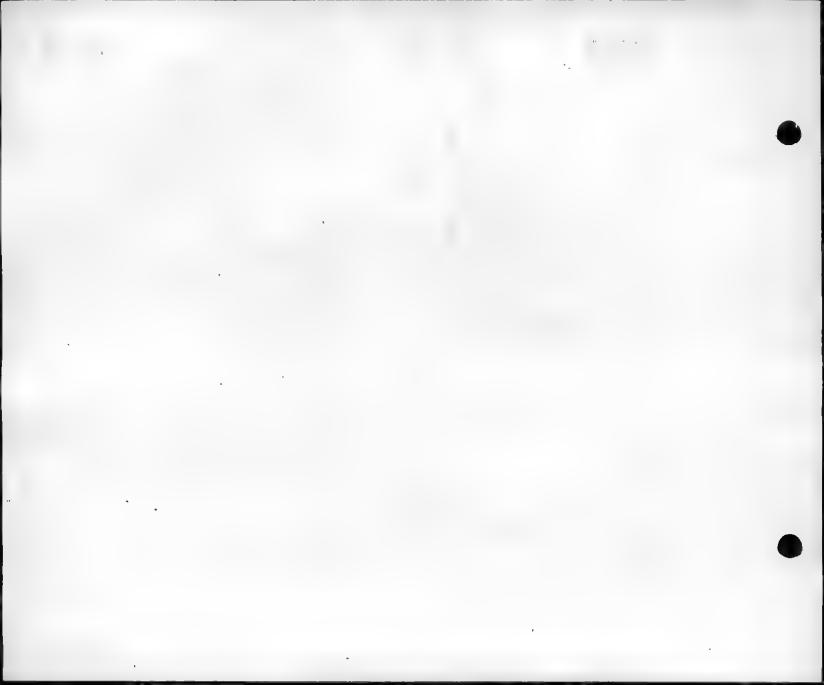
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TO DEPUTY MENTAL EXAMINER: This certificate should be executed within 24 hours after death if any delay is	nacessory, please execute the certificate, writing the word 'pending' in pencil in Item 18. Give Pages 1, 2, and 3 ta	the funeral director. Page 4 should be forwarded to the Chief Medicar Examiner's Office along with form PM3. Page	5 may be retained far your files	IO FUNIRAL DIRECTOR: Page 3 should be used as a burial-transit permitted pages land 2 with the State Department of	Beofft or its designated agent, prior to buriol, cremation, or removal, and in any event within 72 hours after Leath	
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VR A15ME (5)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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ī	PLACE OF DEATH a COUNTY Baltimore	MARYLAND	a STATE Award	are deceosed lived, finist tut ar and b. COUNTY	Residence before admiss on)	
	b CITY OR TOWN (If autside carporate limits, write RURAL and give georest town)	ENGTH OF STAY IN 16	11	de corparate limits, write RURAI	Lond give necrest tawn)	
	d NAME OF HOSP TAL OR INSTITLT ON (If not in hospital give st	reet oddress)	d STREET ADDRESS		e IS RES DENCE	
	St. Joseph's Hospital		Washington		YES X NO	
3	NAME OF First DECEASED (Type or print) Tokan	Fielding_	Lost	4. DATE Month OF Ferruary	7, Doy Year 7	
S	sex 6 color or race 7 Married 1.	NEVER MARRIED	8. DATE OF BRTH Jec. 27, 1889	last historiay)	Months Days Hours Min	
dy	a USUAL OCCUPATION (Give kind at work done ung most of working life, even if retired) ARLENNER- RETURNED	BUSINESS OR TO LOURS	11 BORTHPLACE (State or		12 CITIZEN OF WHAT COUNTRY?	
	FATHER'S NAME Saniel 7. Fielding		14. MOTHER'S MAIDEN NA	T. Fieldin		
	and the state of t	SECURITY NO 17	informant amily econds	Address		
	18. CAUSE OF DEATH (Enter only one cause per line for (o), () PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	s) ond (c))	Medo	/USION	INTERVAL BETWEEN ONSET AND TEATH	
	Conditions, if ony, which gave (b)	1770	12/ Lize	Ul-Gana	y 57/20	
	stating the underlying cause DUE TO lost. (c)				1	
ATION	PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	T ON GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED? YES NO	
CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH	HOW INJURY OCCURRED	(Enter noture of injury in Po	rt 1 ar Part I of item 1B)		
MEDICAL	20c T ME OF .NJURY Manth, Doy, Yeor Hour o.m. While of wark		ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.)	20f (City or town)	(County) (Stote)	
	21. I certify that I took charge of the remains death resulted from: Natura causes 7.	A 1	eld on Autopsy [],	Inspection Inquir		
	ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL	2 2000	CHIEF MEDICAL EX	AMINER	✓ 22. DATE SIGNED	
	SIGNATURE COLOR / CC	Ist were	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER			
	NAME (Type) Charles F.0' Donn	ell, I.B.		ity, tawn, or county)	17/1/2	
23	REMOVAL (Specify) 7" / 40 45 67	t name of cemetery or	meter.	23d LOCAT ON (City or Town Town, I Live.	land '	
2	4 FJNERAL DIRECTOR	ADDRESS	2So REC'D B		STRANS S GNATURE Quest in	
	jo'n jurns Sons, Towson, 'r.	rickand	DATE FE	to To law.	1 2	

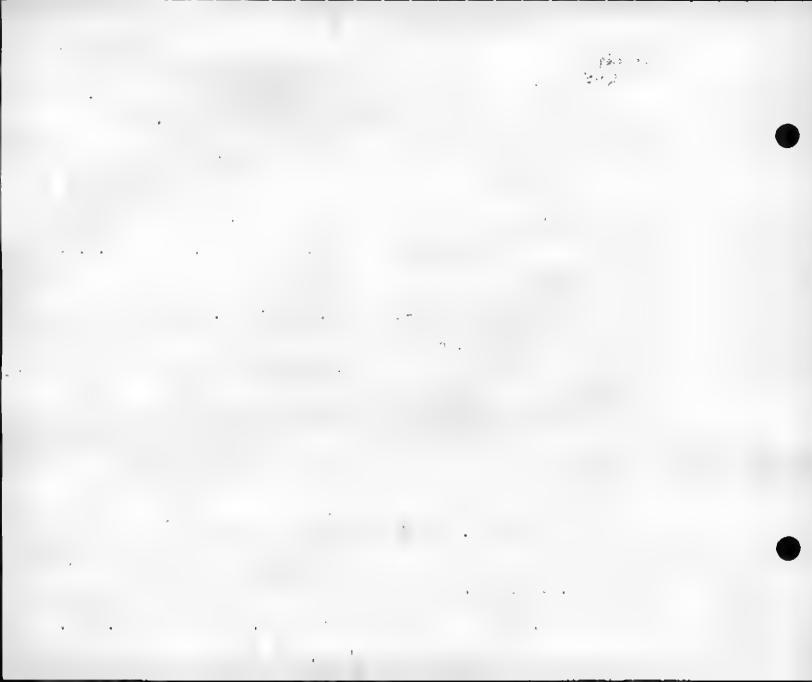


MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1		01799)	CERTIFICATE	OF DEATH	017	95	
		PLACE OF DEATH				Where deceased lived, if institution. Resid	ence before admission)	
	L		timore	MARYLAND	1		altimore	
		Baltimore 21234		c. LENGTH OF STAY IN 1b	1]	utside corporate limits, write RURAL and g		
		Baltimo	re 21234	14 year	s Bal	timore, Md. 212	34 (*)	
		d NAME OF HOSPITA	L OR INSTITUTION (If not in ho	spital, give street oddress)	d STREET ADDRESS		e S RES DENCE ON A FARM?	
		9606 Ha	arding Avenu	le	9606 Ha	rding Avenue	YES NO K	
		NAME OF DECEASED	First	Middle	Lost	4 DATE Month	Day Year	
		(Type or print)	Walter	Levi	Finch	DEATH Februa:	ry 10 1967	
1	5	ZEX	6 COLOR OR RACE 7 MA	RRIED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (n years IF LNDE lost birthday) Manths	R 1 YEAR IF UNDER 24 HRS	
	Mε	ale	White win		May 18, 18	881 85 yrs.		
	10a	USLAL OCCUPATION	(G ve kind of work dane	10b KIND OF BUSINESS OR	11 BIRTHPLACE (County		CIT ZEN OF WHAT	
	uui)	ing most of working I	re, even in renired)	Instrument	Baltimo	re, Md.	COUNTRY?	
	13.	FATHER'S NAME			14 MOTHER'S MAIDEN	NAME		
	0	George Finch			Ruth Jan	nes		
	15.	WAS DECEASED EVEL	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.				
	(re	NO	(If yes give wor or dotes of service	213-09-2267 M	rs. LaVer	ne E. Doerer		
			ATH (Enter anly one couse per				INTERVAL BETWEEN	
		PART I DEAT		ardiac arrest			Sudden	
		17/0	DUE TO					
		Candit ans, if any,	which gove) (b) A:	rteriosclerotic ca	ardiovascula	ar disease	Several yrs.	
	П	rise to immediate stating the under	cause (a),	· · · · · · · · · · · · · · · · · · ·				
	Н	last,	(c) Ca	arcinomatosis			Approx.	
		PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)						
1,000	CATION	C TOTAL SAME SAME CONTINUES OF THE SAME SAME SAME SAME SAME SAME SAME SAM						
	FICA	20a. ACCIDENT WAS	UNDERLYING IT	205 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Port 1 or Port II of item 18)	YES NO X	
	CERTIFI	OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH		(,,,,,,,	,		
		1	RY Month, Doy, Year	20d INJURY OCCURRED 20e PLA	CE OF INJURY (Hame, form	n. 20f. (City or fown) (6	(Stote)	
	MEDICAL	Haur o.m	1.	While Not While foot	ory, street, office bldg., etc.)	(, (, 110)	
		p.m	i.	ottended the deceased from	litter 6	19 60 to Feb. 6. 19	67 that (I) (Book last	
	П	sow the de	eceosed olive on F	eb. 6, 1967, and the	t deoth occurred of	7:15AM, from couses and on	the dote stated above.	
	Ш	22o. SIGNATURE	014	2 :	ATTENDING	HED STAFF	DATE SIGNED	
			0.1.	cec M.	PHYS.	DIRECTOR L. PHYS. L. F. 61	b. 13, 1967	
ĵ		22c. PHYSICIAN'S NAME (Type)	S.J. Liu,	M.D.	22d. ADDRESS 5301 H8	arford Road		
_	230	BUR AL CREMATIO	N, 23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (State)	
(Bt	PENOYAL (Specify)	2/13/67	Moreland Me	morial Pk	. Baltimore, Co	. Md.	
1		FUNERAL DIRECTOR		ADDRESS		D BY REGISTRAR ZSb REGISTRAR'S	SIGNATURE	
			8521	Loch Raven B	Lvd. DATE	FEB 1 5 1967 676	carilan Judas	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages I and 2 should be filed with the State Dept of Health prior to burial, cremation, ar remayal, and in appears, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dea≡ cert-ficate be ≡xecuted within 24 llours after ∥eath. Page 4 may be retained by the haspital or attending physician.



MADYLAND STATE DEPARTMENT OF HEALTH

		Division of STATIST	ICAL RESEA	ARCH AND RECORDS, 30	1 W. F	RESTON STRE	ET, BAI	LTIMORE, MARYLAI	ND 212	01		
	01800			CERTIFICAT	e OF	DEATH			01	179	6	
	PLACE OF DEATH COUNTY	Baltimor	е	MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. STATE Maryland b (OUNTY Baltimore							
1	write RURAL and Bal	f autside corporate limits d give neorest tawn) L CIMORE		CLENGTH OF STAY IN 16 Years	c CIT	OR TOWN (If ou Baltim		orate limits, write RURAL	end give			
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 814 Hatheleigh Road				d. STE	814 Hat	hele	igh Road			IS RESIG		
	NAME OF DECEASED (Type or print)	Fir ROB		Middle S .	FISH	Lost IER	4. DAT OF DEA	TH February			Ую 19 ¹	57
S	Male	6 COLOR OR RACE White	W-DOWED		Nov.	of BIRTH 8, 1908		58 yrs	F UNDER 1 Nonths	Doys	Hours	Min Min
		(Give kind of work done life gever if retired).		ND OF BUSINESS OR DUSTRY Dairy	0	RTHPLACE (County hio		r foreign country)		IZEN OF	.A.	
	13 FATHER'S NAME Edgar C. Fisher 14. MOTHER'S MAIDEN NAME Irene K. Schaeffing											
IS (Ye	WAS DECEASED EVE s, no, or unknown) NO	R IN U.S. ARMED FORCES? (f yes give war ar dates o	service) 16. 12.1		INFORM		sher.	, Same as #	2			
		, which gave) le couse (o), (rlying couse ((b)	(a), (b), and (c).) YUCARD/	AA	INF	FAI	C C 7 (004)	/	INTE ONS Azz	RVAL BET ET AND D	WEEN BATH CONT
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS CO	INTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERI	AINAL DISEASE COI	NOITION 6	GIVEN IN PART 7(0)		19. YE	WAS AUTO PERFORM S []	OPSY ED? NO
MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MED CAL EXAMINER)	20b DE	SCRIBE HOW INJURY OCCURRED	(Enter n	ature of injury in	Part 1 ar	Part II of item 18.)				
MEDICA	Haur a.i p.i	m. 19	While at work	Not While at work	tary, stre	JURY (Hame, farm et, affice bldg., etc.)		(City or tawn)	(Cau	inty)	((Stote)
	saw the d	eceased alive an	oital) attend	ded the deceased fram_ G19G2, and the	at deat	accurred at	7 A.	, ta 2/2-10 M, fram causes ar		ne date	stated	we) last dabave
	22a. SIGNATURE 22c. PHYSICIAN S NAME (Type	Eller ETT	af		D. PH	rending Press Address Address	MED DIRECTOR	R STAFF D	2/3	TE SIGNI	16.	7
	BURIAL, CREMATIO			Wood arm Com				LOCATION (City or Town		(County)	(5	tote)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the aftending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers—Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death. VR A15 (4) 20 M 1/66

24 FUNERAL DIRECTOR Cook-Brooks

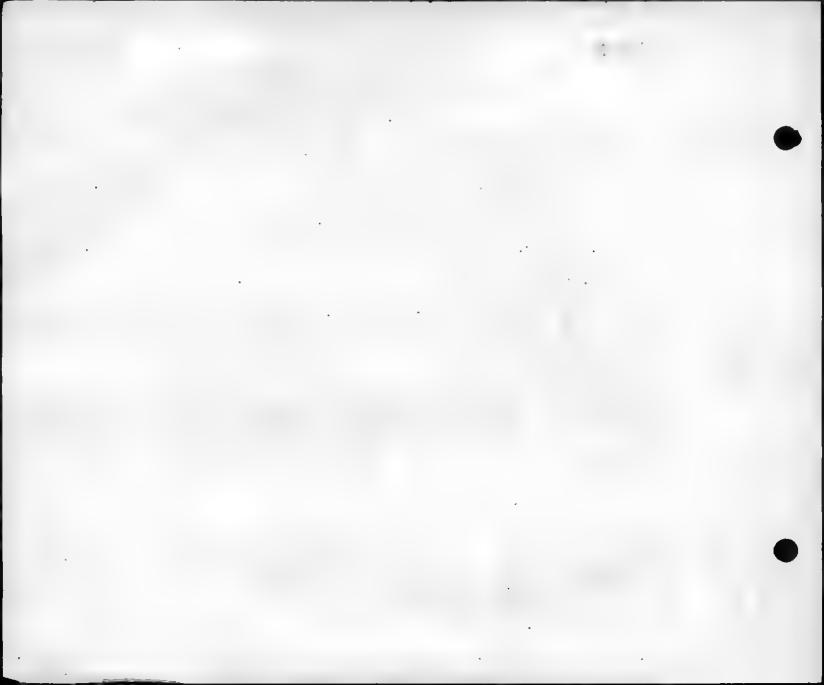
ADDRESS 1050 York Road Towson 4 Maryland

Towson.

2So. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE 25b

8 FEB



VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01801 01707

3. NAME OF DECEMBED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED 7. MARRIED DIVOR	Town lown lown lown lown lown lown lown l
b. CITY OR TOWN (if outside corporate limits, write RURA end give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 7. AGE (in years if UNDER 1 YEAR If U	S RESIDENCE ON A FARM? NO 19 Year 19 AT COUNTRY?
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PART I. DEATH WAS CAUSED BY: 'F, I VEC. 'S I V	
	ID DEATH
IMMEDIATE CAUSE (e).	
DUE TO	
Conditions, if any, which \((b) \) Attack is acres to the 20% of the Care	
geve rise to immediate cause DUE TO	
(e), stelling the underlying Due to	
The same of the sa	C ALITORCY
PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110, 19, WA	REORMED?
12 Will of the property of the second of the	NO □
206 ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW NJURY OCCURED. (Enter neture of injury in Pert I or Pert II of tem 18.) OR CONTRIBUTING CAUSE OF DEATH OF LIFE EITHER, NOTIFY MEDICAL EXAMINER!	_
OR CONTRIBUTING CAUSE OF DEATH	
	(State)
ZDc. TIME OF NJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) While Not While et work et work et work	(210.0)
Z p.m. 19 et work et work	
21. I certify that (I) (this hospital) attended the deceased from) (we) last
saw the deceased alive on	
	22b. DATE
ATTENDING MED. STAFF	SIGNED
M.D PHYS. X DIRECTOR PHYS.	L - 1
22c. PHYS. CIAN'S NAME (Type) De 13 + 3 11 11 11 12 12 12 12 12 12 12 12 12 12	
Land at Ully Forsite.	1 -4
230. BURIAL, CREMATION, 236 DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county)	(Stete)
Burial 321-1967 Meadow videe (emeter Howard County, Maryla	nd
Burial 3-1-1967 / MEAGOW VIGE (PMERAY Howard County, Maryla 24 KNOKA) D RECTURATIONALURE ADDRESS 250. RECTO BY REGISTRAR 25b REGISTRAR 25c RECTO BY REGISTRAR 25b REGISTRAR 25c RECTO BY REGISTR	
-1 $+1$ $+1$ $+1$ $+1$ $+1$ $+1$ $+1$ $+$	far.
Ellsworth Armacost 4600 Liberty Hghts. Avenue 1 5 2 1 1961	0



FOR STATE HEALTH DEPT.

necessory, please execute the certificate, writing the word "pending" in pencifical Tem 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Med cal Examinate of the along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of any delay is TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death if

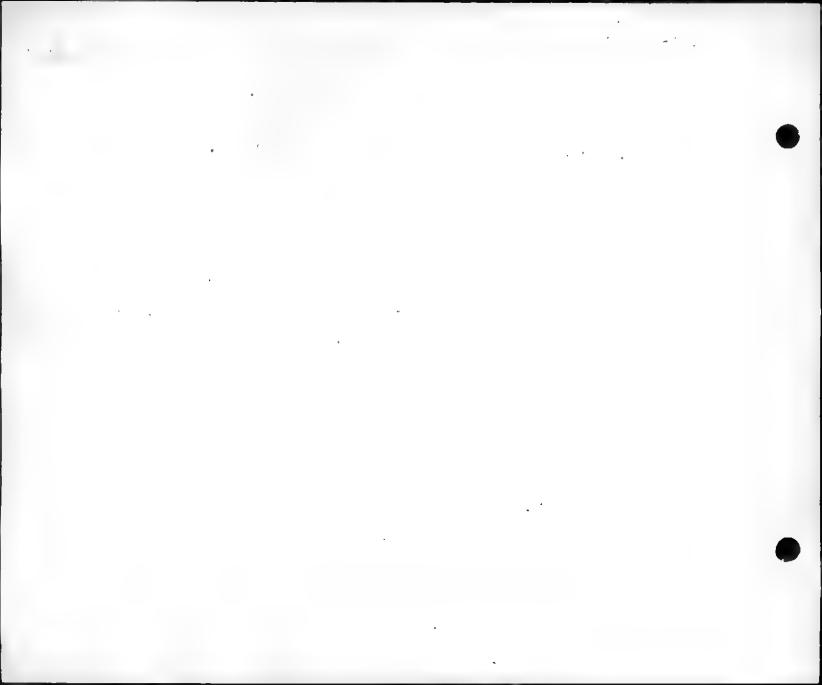
Health or its dasgnoted agent, prior to buriol, cremation, or removal, and in any event within 72 hours after Death.

01803 MEDICAL EXAMI	NER'S CERTIFICATE OF DEATH 01798
	2 USUAL RESIDENCE (Where deceosed lived if institution. Residence before admiss on) o STATE b COUNTY //LAND
b CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	Greenwich
d NAME OF HOSPITAL OR NSTITUTION (If not in hospital give street address) St. Joseph Hospital	d'street address 772 North St. e is residence on a farm? YES NO [2-]
3 NAME OF DECEASED (Type or print) State of the print of	Otala
6 COLOR OR RACE 7. MARRIED NEVER MARR WIDOWED DIVORC	
100 US_AL OCCIPATION (Give kind of work done during most of working life, even if retired) SCHOOL GIRC INDUSTRY	11 BIRTHPLACE (State or fore gn country) 12 CT ZEN OF WHAT COUNTRY?
SECRGE H FLIMM JR	14 MOTHERS MAIDEN NAME EVELYN LILLEY
1S WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) (Yes, no, or unknown)	EVELIN FLINN Address EVELIN FLINN ABOVE
18 CAJSE OF DEATH (Enter only one couse per ne for (a) (b) ond (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) DUE TO (cond tons, if ony, which gave nse to immediate couse (a), stating the underlying couse lost (c)	D AND SUBDURAL HEMORRAME
PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	LATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(6) 19 WAS ALTOPSY PERFORMED? YES NO
PRIMARY DOG CONTRIBUTING TO FELL OF	CCURRED (Enter noture of injury in Port I or Port II of Item 18) FHORSE
20c TIME OF NJURY Month, Doy, Yeor Hour om JAN 30 167 20d INJURY OCCURRED While of work of work	De PLACE OF INJURY (Home, form, 201 (City or town) BALTO, MD SCHOOL BLEWOOF BALTO, MD
21. I certify that I took charge of the remoins described a deoth resulted fram. Natural causes, Accident and Actual	Surcide . Hamicide . Undetermined monner . CHIEF MED CAL EXAMINER .
SIGNATURE VICENTIAL A PLANT A PLANT A	M D ASS STANT MED CAL EXAMINER DEPUTY MED CAL EXAMINER
NAME (Type) W / LUTTI IT	Address (Street, cty town, Grounty) IMONI & d. 6
	Address (Street, cty town, Grounty) 1 Month of deliberty Dr CREMATORY 23d LOCATION (City or Town) (County) (Stote)

SONS

VR A15ME (5) 6M 1/66

J.G. CONNELLY

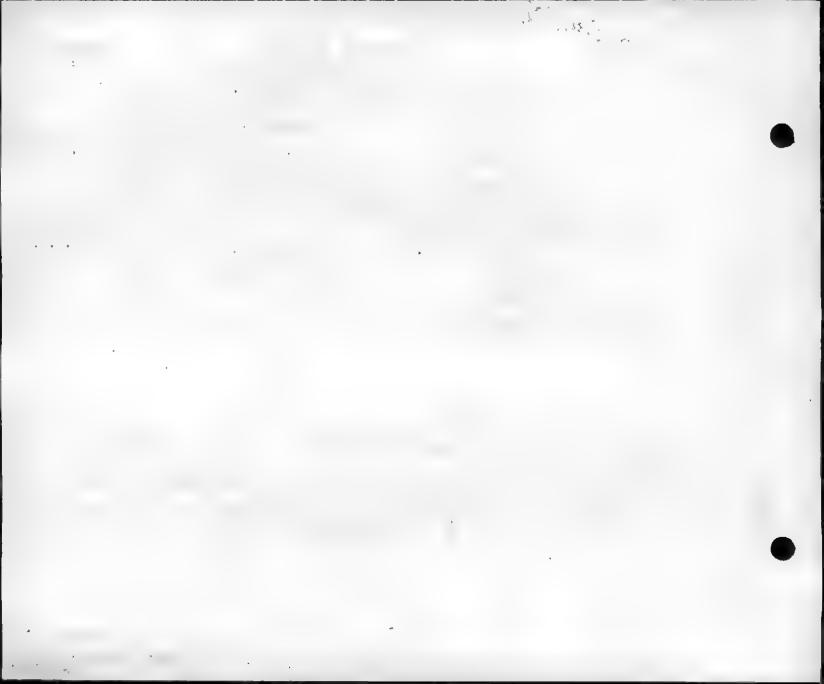


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01	803			CERTIFICATE	OF DEATH		01799	
1. PLACE C						Where deceased lived, if institut		
a. Coun	IT	Baltimor	е	MARYLAND	a. STATE	d.	Baltimore	
b (ITY	OR TOWN (If at	itside corparate limit re nearest town)	\$,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If a	utside carparate limits, write RUR	(AL and give nearest tawn)	
Wille	liddle	River			Middle R	iver	,	
		OR INSTITUTION (If no	at in haspital, g	ive street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
Ivy	Hall	Nursing H	ome		Box 455 B	urke Road Bowl	eys Qtrs ves 🗌 No ⋤	
3. NAME C)F		rst	Middle	Last ,	4 DATE Mant	h Day Year	
DECEASI (Type or		J	ohn		Foote	OF DEATH 2	25 19 67	
S SEX	6	COLOR OR RACE	7 MARRIED	NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years last bythday)	Manths Days Hayrs Min	
Mal	e	White	WIDOWED	DIVORCED	8-4-1895	71 yrs.	Midnes Days Madis Mill	
		ve kind of work dane		ND OF BUSINESS OR	11. BIRTHPLACE (County	& State, ar fareign country)	12 CIT ZEN OF WHAT	
	af working life, L reman	even ii iailiea)	IN	netired	Baltimo	re, Maryland	COUNTRYU.S.A.	
13. FATHER					14. MOTHER'S MAIDEN			
	Za	chirah Fo	ote			Annie Burkha		
IS. WASDI	ECEASED EVER IN	U.S. ARMED FORCES? res give war ar dates o	16.		INFORMANT	Addre	11	
INO.	unknown) (iii)	es dian mai ai pales c	Salaica) 5	18-07-2216 Ar	s Jeanette	Fanning 318 Wor	rthington Road	
18. CA	AUSE OF DEATH	l (Enter only one cau	ise per line for	(o), (b), and (c) to re of	1		INTERVAL BETWEEN	
'	AKI I DEATH V	VAS CAUSED BY:	(a) C	11 cul morg q	Outure		ONSET AND DEATH	
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	ians, if any, wh immediate co		(b)		70001000	prod (noorlooted)	o weens	
	the underlying		TO /	Lawer N. M.	ANO CITY	Colourd	9 year	
last.			(c)			V	7 0 000	
FART I	OTHER SIGN	FICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?	
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OR COL	CIDENT WAS UN NTRIBUTING (2) OF HER NOTIFY MET	DERLYING CAUSE OF DEATH DICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II af item 18.)		
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욯	Haur a.m. p.m.	19	While at war		tary, street, affice bldg , etc.	-		
21		that (1) (this has			613 63	1965, 10 2 12	1, 1967, that (I) (we) lo	
		osed alive on	212		t death occurred of		ond on the date stated abov	
	SIGNATORE	1	ha		ATTENDING	MED STATE	22b. DATE SIGNED	
	Medic - Demanding M.D. ATTENDING SCHOOL DIRECTOR - STAFF - 2-27-67							
	PHYSICIAN S NAME (Type)	LUGENE	C.B	AUMANN	127d. ADDRESS 4/3 EA	STERN AND I	Batrimore 21.	
23c 8URIA	L, CREMATION,	236 DATE TH	EREOF	23c NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Tax	wn) (Caunty) (State)	
REMO	VAL (Specify)	2-28-	1967	Bel Air Memo	rial Cemete	my Bel Air	Ma.	
	AL DIRECTOR		-,-	ADDRESS C	Z () ZSa. REC	D BY REGISTRAR 2Sb. RE	GISTRAR'S SIGNATURE	
Las	sahn	Lunero	2 Horn	= 7401Belan	Road DATE	FEE 28 967	Marla 1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar aftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages have should be filed with the State Dept of Health prior to burial, crematian, or remayal, and in any event, within 72 haurs after deal



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01804 CERTIFICATE OF DEATH and 2 death. death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY the 1 a. STATE Pages 1 AL after TIMORE MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) etely filled in by bon papers. Page within 72 hours write RURAL and give nearest town) 24 hours 52 BALTIMORIE MORE e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO X VISTI within and completely emove carbon Last DATE Month Year NAME OF Middle DECEASED OF event, 19 4-DEATH (Type or print) -OPD FONARD executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours апу WIDOWED DIVORCED 2 yrs. 12. CITIZEN OF WHAT physician a myplease re well and in a 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR COUNTRY? certificate be during most of working life, even if retired) INDUSTRY USA STANDARDS CONTROL 60. AIRCRA RFORD MOTHER'S MAIDEN NAME 13. FATHER'S NAME ermit. Then E17 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN' 16. SOCIAL SECURITYNO. 17. (Yes, no, or unkown) (If yes give war or dates of service) ATTENDING PHYSICIAN: The law requires that the death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deat Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the at director, page 3 should be detached for use as the burial-transit pern should be filed with the State Dept. of Health prior to burial, cremation, 25 WIT, VISTA R. ANTUINETIE INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO 2 1005 SARCOM A Cenditions, If any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. (c) 8 WAS AUTOPSY 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICAT YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAL (State) 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.; Hour a.m. While Not While MED 19 at work at work p.m. 196 21. I certify that (1) this hospital) attended the deceased from 7, and that death occurred at 10 M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a SIGNATURE 22b. STAFF PHYS. ATTENDING DIRECTOR ADDRESS PHYSICIAN'S NAME (Type) LOCATION (City, town or county) (State) 23a BURIAL, CREMATION, 23b. DATE THEREO REMOVAL (Specify) Ferry Hall Cemetery Baltimore Burial chael 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR **FUNERAL DIRECTOR** VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01805 OF Baltimore PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission o STATE Maryland b COUNTY Bayt/imore/ Cockeysville, Towson MARYLAND b CITY OR TOWN (If outside corporate limits C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 2 yrs. Cockevsville Cookevsville/ Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) e IS RES DENCE ON A FARM? d STREET ADDRESS South East Ave. Masonic Homes Cockeysville Cockeysville / Maryland YES NO X Middle Year IN TO DEATH (Type or print) NEVER MARRIED AGE flir years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED lost burthdoy) Months Hours Jan, 14, 1887 WIDOWED X DIVORCED White 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? North Attleboro, Mass. 14. MOTHER'S MAIDEN NAME Laura Thompson 16. SOCIAL SECURITY NO. 17. INFORMANT Address Masonic Homes Cockeysvolle, Maryland 215-07-6134

Male 100 USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) SILVER SMITH 13. FATHER'S NAME John P. Franklin IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) PART | DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO 20o ACCIDENT WAS UNDERLYING ... 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20t TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) While Not While of work at work 21. 1 certify that (1) (this haspital) attended the deceased fram and that death accurred at 6.500 M. from causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE ATTENDING MED. DIRECTOR

23c NAME OF CEMETERY OR CREMATORY

ADDRESS

Meadowridge Mem. Cemetery

22d ADDRESS

DATE

23d. LOCATION (City or Town)

254-REC'D-BY, REGISTRAR -

Elkridge, Maryland

25% "REGISTRAR'S SIGNATURE"

(County)

vithin 72 hours .≡ filled гетоуеттекроп completely event, ond in agy eose physician ā cremotion, or removol, attending phys permit. signed by the buriol-transit Page 4 may be retained by the haspital or ottending hos been be detached for use os the State Dept. of Heolth prior to this certificate TO FUNERAL DIRECTOR: After director, page 3 should should be filed with the

to requires that the death certificate be executed within 24 hours ofter death

CV death.

after

o COUNTY

NAME OF

SEX

DECEASED

22c. PHYSICIAN'S NAME (Type)

230 BURIAL CREMATION.

Burial (Specify)

24. FUNERAL DIRECTOR

23b DATE THEREOF

2/17/67

Wm. Cook-Brooks Towson 1050 York Rd. 21204

funerol s 1 ond



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending the sit and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, and 2 should be filled with the State Dept. at Health priar to burial, crematian, ar remayal, and in any event, within 72 hours after death.	_	W-52	
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20 M 1/66		Va	J
		20 M 1/66	٩

	01000	CERTIFICATE	OF DEATH		018	02
	PLACE OF DEATH			Where deceased lived, if institut		efore admission)
	o. COUNTY Baltimore	MARYLAND	o STATE Mary.	land b. COUN	Anne	Arunde/
	b CITY OR TOWN (If outside carparate + mifs, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	tside corporate limits, write RUF	RAL and give ne	orest town)
	Catonsville	3lyr29dys	Edgewat	ter Park		4 4.
	d NAME OF HOSP TAL OR INSTITUTION (II not in hosp	oital, give street oddress)	d. STREET ADDRESS			e IS RESIDENCE ON A FARM?
	Spring Grove State Hos	spital	none			YES NO
3.	NAME OF First DECEASED	Virginia Lee	Lost	4. DATE Mont	h	Doy Year
L	(Type or print) Mary		Free	DEATH Feb.		19
\$	SEX 6 (OLOR OR RACE 7 MAR	RIED NEVER MARRIED B	DATE OF BIRTH	9 AGE (In yeors ast birthdoy)	Months Do	
	emale white wind		8-5- 88	I O ALZ		
10c	ing most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, or foreign country)	12 CITIZEN COUNTI	N OF WHAT
		IIID Q2 IKI	Washingto		U.S.	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN I			
	James A. Richardson			a Grinder		
1S.	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown). [(If yes give wor or dotes of service)		NFORMANT	Addre		
		219-54-3115T Re	ecords: Spi	ring Grove Sta	te Hosp	
	18. CAUSE OF DEATH (Enter only one couse per li PART I. DEATH WAS CAUSED BY.					INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	Acute bilateral p	Jeamouta			
	Conditions, if ony, which gove) (b)	Chronic pulmonary	disease			
	rise to immediate couse (o), DUE TO	out out to be a to to to				
	stoting the underlying couse (c)					
	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT BELATED TO T	AND SEASON LANGEMENT BU	IDITION CIVEN IN DADY 1/a)		19 WAS AUTOPSY
NO.		brain syndrome as				PERFORMED?
FEA		Drain Syndrome as			001 10 0	YES NO
CERT.FICATION	OR CONTRIBUTING CAUSE OF DEATH	OF DESCRIPT HOW HOME OF COUNTY (ciner notice of injury at t	roll i of roll it of limit 19.3		
MEDICAL ((IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Yeor	20d INJURY OCCURRED 20e PLAC	E OF INJURY (Home, Form	20f, (City or town)	(County)) (Stote)
MED	Haur am	While Not While focto	ry, street, office bldg., etc.)			,
	21. 1 certify that (8) (this haspital) of	at work ot work	1-21:-36	9 to 2=23	1967	, that 🙌 (we) la
	saw the deceased alive an 2-2	3-67 19 and that	death occurred at	5.50 M, fram causes	and an the	date stated abov
	22o. SIGNATURE // KO + J.			a.m.	22b DATES	SIGNED
	01.24.11.11 47.60	MD MD		MED. DIRECTOR PHYS	2-24-	,
	22c. PHYSICIAN'S / / NAME (Type) Exclic 4 E	7 *		Spring Grove S		
	E4GILO R-1			sville, Maryla	47	28
230	PURIAL, CREMATION 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	4	23d LOCATION (City or To	17 K //	unty) (State)
	Name of the	I rough during		Old Frictive		Jevie IVIC,
24	FUNERAL DIRECTOR &	ADDRESS (C)			GISTRAR S SIGNA	

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

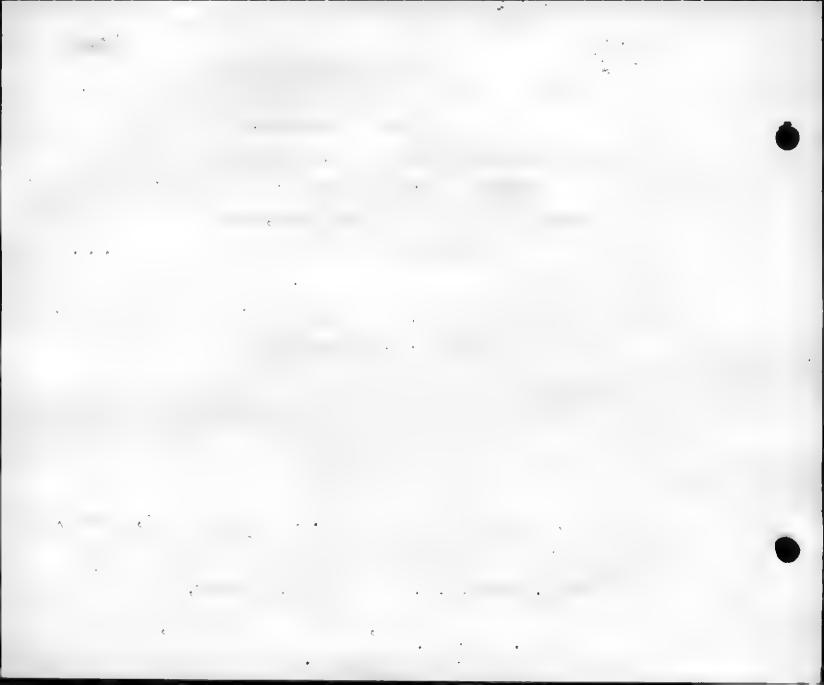
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CERTIFICATE OF DEATH

01803

	LACE OF DEATH						Where deceased lived, if institu		e belgre odmissi	on)
0	. COUNTY B	ALTIMORE		MARYLAN	D	o. STATE MARYLAND b. COUNTY				
b	CTY OR TOWN (If outside corporate limits	5,	c LENGTH OF STAY IN 18	0	c CITY OR TOWN (If or	utside corporate I mits, write Ru	JRAL ond give	neorest town)	
	FORT HOW	d give necrest town)		50 DAYS		PIKESVILL	E		^	,
		AL OR INSTITUTION (If no	it in hospito, g	ove street address)		d STREET ADDRESS			e IS RESII ON A F	
Ŀ	VETERANS	ADMINISTRA	TION H	OSPITAL		739 HOWAR	D ROAD			40 X
	NAME OF	Fil		Middle		Lost	4 DATE Mor	ith	Doy Ye	
(Type or print)	CHAF	RIES	JOSEPH		FREEMAN	DEATH FEBRUAL			67
5 5	EX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED]	DATE OF BIRTH	9 AGE (In years lost birthdoy)	F UNDER 1	Doys Hours	R 24 HRS
11	ATE	WHITE	MIDOMED	DIVORCED [一 阿	EBRUARY 6,	1900 66 Yrs			Unfil)
		(G ve kind of work done	10b KI	ND OF BUSINESS OR		11. BIRTHPLACE (County	& State, or foreign country)	12 (11)	IZEN OF WHAT	
S	AIESMAN	life, even if retired)	UA	TOMOBILE			RE, MARYLAND	U.	INTRY?	
13	FATHER S NAME					14. MOTHER'S MAIDEN	NAME			
S	AMUEL BR	OWN FREEMAN	Ī			MARY EL	IZABETH KIRWI	N		
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16 :	SOCIAL SECURITY NO.	17 II	NFORMANT	VA HOSPT	PAL		
Y	ES	(If yes give wor or dotes o	21	2 01 77 80	CL	INICAL RECO	RDS FORT HOW	ARD, M	ARYLAND	
	1B. CAUSE OF DI	EATH (Enter only one cou							NTERVAL BET	
	PART I DEAT	TH WAS CAUSED BY IMMEDIATE CAUSE	(o) LAI	ENNEC'S CIRR	HOS	IS OF LIVE	3		ONSET AND D	JEAIH
	v	DUE	10							
H	Conditions, if any		(b)							
	rise to immediate stating the under		TO							
	last.	}	(c)						<u> </u>	
z	PART II, OTHER SI	GNIFICANT CONDITIONS Q	ONTRIBUTING T	O DEATH BUT NOT RELATED	T OT C	he terminal disease co	NDITION GIVEN IN PART 1(0)		19 WAS AUT PERFORM	OPSY
ATIO									YES 🗌	NO A
CERTIFICATION	200 ACCIDENT WA		205. DE	SCRIBE HOW INJURY OCCUP	RRED (Enter noture of injury in	Port I or Port II of item 1B.)			
8		MEDICAL EXAMINER)								
MEDICAL		URY Month, Doy, Year				E OF INJURY (Home, form		(Cou	nty) ((Stote)
ME	Hour o.a	10	While of worl		rocro	ory, street, office bldg., etc.	}			
	21. I certi	fy that (1) (this hos	pital) atten	ded the deceased fra	m	DEC. 1	19_66, taFEB	2, 19_(67 that 1) (we) las
ш	sow the d	eceased alive on_	FEB 2	19 <u>_67</u> , and	l that	death accurred of	111OPM, from causes	and an th	ie date statei	d obove
Н	22o. SIGNATURE	20	,			ATTENDING	MED. STAFF		TE SIGNED	
	91		rest		M.D	PHYS	DIRECTOR PHYS.	7 2/	3/67	
	22c. PHYSICIAN'S NAME (Type	JOHN D. TA	LBERT.	M D		22d. ADDRESS	r HOWARD, MARY	TAND		
230	BURIAL, CREMATIC REMOVAL (Specify	ON 23b, DATE THI	REOF 11-	23c. NAME OF CEMETER			23d. LOCATION (City of To		. ,,	(atot2
21	BURLAL		176/	PALTIMORE,	III	TIONAL	BALTIMORE, D BY REGISTRAR 256. F	MARYLA REGISTRAR S S	CHATLIDE	
	FUNERAL DIRECTO	T. T. CONTAIL T. 9	NEWELL			-		CARY,	OWALDKE	
RE	ISTERSTO	WN RD & WAI	LDRON A	VE. PIKESVI	LLE	MD DATE	FB 6 1987	1 11/17	rlog land	AL.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremat an, or removal, and many event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exacuted within 24 haurs affair death Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attanting physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please regione carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in also event, within 72 hours after death. TE MEMPITAL OR NITENDING PERMICENE THe law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01808	CERTIFICATE	OF DEATH		01804
1.	PLACE OF GEATH		2. USUAL RESIDENCE	(Where deceased lived, If inst	titution: Residence before admission
	BALTIMORE	MARYLAND	a. STATE MAI	EYLAND b. COUN	M BALTO.
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate limits, wri	to RURAL and give nearest town)
	5 PARICS		SPARK	<5	02-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	SPARKS ROAD		SPARKS	ROAD	YES ND
3.	NAME OF First DECEASED TO TO TO	Middle	Last	4. DATE Month	and the same of th
-	(Type or print) FREDERICK	D. FRU	ICHEY	DEATH FEB	· 25 1967
λ	ONIT LIVITE !. MARKIED D	NEVER MARRIED 8	DATE OF BIRTH		FUNDER 1 YEAR FUNDER 24 HRS
/	B. USUAL OCCUPATION (Give kind of work done) 10b, KIN	DIVORCED /	4AK.26,110	1 54 yrs.	L SO OFFICE OF WHAT
lui	ing most of working life, even if retired) IND	ID OF BUSINESS OR BUSTRY	11. BIRTHPLACE (Cour	nty & State, or foreign country)	COUNTRY?
13	FATHER'S NAME	MANN CO.	14. MOTHER'S MAIDE	RSEY	IUSA
	MAR PULS P. FRUTCH	/51/	* 4	DOUBHAN	
15	1111/00	OCIAL SECURITY NO. 17.	MARIE	Address	
Y	es, no, or unkown) (If yes give war or dates of service)	1.46	FAMILY E	ZECORD5	5
_	18. CAUSE OF DEATH [Enter only one cause per line	0111111	I MI IICY F		I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: 9/	a ror (a), (b), and (c).	Parnacent	Varicies	ONSET AND DEATH
	. IMMEDIATE CAUSE (a)	moundy	sofiageen	pactor	192
	Conditions, If any, which \ (c)	udorsis of	Lies		6-10 41
	gave rise to Immediate		June.		- 10
	cause (a), stating the (BUE 10) underlying cause last. (c)				
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	INC TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DIS	SEASE CONDITION CIVEN IN F	
2					PERFORMED?
	20a. ACCIDENT WAS UNDERLYING 1 20b. DE	SCRIBE HOW INJURY OCCUP	RED. (Enter nature of I	njury in Part I or Part II of	Item 18.)
2	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)				
2	11-	factor	E OF INJURY (Home, farm	n, 20f. (City or town)	(County) (State)
ME	Hour a.m. While p.m. 19 at work	Not While at work) 40 (40) 40 (40) 60 (40)	7	
	21. I certify that (I) (this hospital) attended	the deceased from	- 24 , 19	67 to 2-28	, 19 67, that (I) (we) last
	saw the deceased alive on 2-25	19 &, and that	death occurred at ${\mathcal L}$	AM, from the causes a	and on the date stated above
	22a. SIGNATURE	20 1	ATTENDING	ED STAFF	22b. DATE SIGNED
	22c. PHYSICIAN'S	M.D.	PHYS. DII	RECTOR PHYS.	2-25-67
	NAME (Type) C. HERBERT	MUELLER),	1 1 1 1	CTOK W	7)
3a		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to)	wn or county) (State)
-	REMOVAL (Specify) FFR 27,1967	GREENMANUN	T CEM.	BALTIMORF.	MD.
24	FUNERAL DIRECTOR	ADDRESS	25a. REC'I	D BY RECISTRAR 25b. RE	CISTRAR'S SICNATURE
/	John Burns Jons	Louson no	A. DATE MA	R 9 1007 7	Climbe Judge

VR A15 (4)



Item 18 Film 386 3-13-67 armaryland STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01810

CERTIFICATE OF DEATH

01806

5								V 2
1	PLACE OF DEATH					Where deceased lived, if institut		before admission)
	o. COUNTY	LTIMORE		MARYLAND	o. STATE MARY	LAND b. COU	ATY.	~ /
	b CITY OR TOWN (If outside corporate limits,		LENGTH OF STAY IN 16		itside corporate limits, write RUI	RAL ond give	neorest town)
	FORT HOW	give negrest town)		60 DAYS	BALTIMOR			*
, -		AL OR INSTITUTION (If not in	hospital, aive		d STREET ADDRESS	<u> </u>		e IS RESIDENCE
		ADMINISTRATI			1380 NORTH	H CALHOUN STRE	क्रम	ON A FARM? YES NO X
3	NAME OF	First				4 DATE Mont		Day Year
	(Type or point)	CHARLE	S	WILLIAM	GASKINS	OF DEATH FEBRUA	PY	6 1967
5	SEX	1	MARRIED		B DATE OF BIRTH	9 AGE (In years	FUNDER 1	YEAR IF UNDER 24 HRS.
	MATE	NEGRO V	VIDOWED T	DIVORCED []	mgust5. 3	ost birthdoy)	Months	Doys Hours Min.
10	O. USUAL OCCUPATION	(Give kind of work done		OF BUSINESS OR	TY BIRTHPLACE (county & State, or fore or country) 12 CITIZEN OF WHAT			
dı	oring most of working	lite, even it retired)	INDU:	SIRY	LOTTESBUI	RG. VA.	Ü.	NIRY?
13	FATHER'S NAME				14, MOTHER'S MAIDEN			
ř	JOSEPH G.	ASKINS			LIZA KING			
15	S. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOC	CIAL SECURITY NO. 17.	INFORMANT	VA HOSPT	TAL	
1	YES	(If yes give war or dates of ser	2]	16 89 L2 C	LINICAL RECO			MARYLAND
	IB. CAUSE OF DI	ATH (Enter only one couse p	er line for (o)), (b), and (c))				NTERVAL BETWEEN
	PART 1. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (o)	INFAR	CTION OF MYOC	ARDIUM, ACU	TE .		ONSET AND DEATH
	1000	DUSCIO						
	Conditions, if any rise to immediat		ARTER.	IOSCLEROTIC C	ORONARY THR	ombosis, Acute	1	
	stating the unde	lying couse						
L	last.			IOSCLEROTIC H				
NO		GNIFICANT CONDITIONS CONTE					TENTOLEN	19 WAS AUTOPSY PERFORMED3
FICATI	NEOPIASM METASTATIC, HEAD & NECK OF LEFT FEMUR, PRIMARY SITE UNKNOWN. VES NO.							
CFRT FI	1 206 ACCIDENT WA	SUNDERLYING L. CAUSE OF DEATH	205. DESCR	THE HOW INJURY OCCURRED	(Enter nature of injury in	Port I or Port II of item 1B.)		
	THE PROPERTY IN COLUMN	MEDICAL EXAMINER)					- (5	
MEDICAL	20c. TIME OF INJU	JRY Month, Day, Year n.	20d Militi While c		CE OF INJURY (Home, form tory, street, office bldg , etc.		(Coun	rty) (Stote)
×	D. §	n. 19	of work	ot work				5 11:
	21. I certi	fy that () (this hospita	il) attende	d the deceased fram_	DEC 8	19.66 , to FEB. 6	, 19_6	(we) las
		eceased alive an FEE	0,	19_ O T, and the	i dedin accurred di	1110M, fram causes		
	220 SIGNATURE TENTE				ATTENDING	MED. DIRECTOR D STAFF	7 2/	TE SIGNED 7/67
	22c PHYSICIAN'S	/1000	1	322-1-2-1				
	NAME (Type		AB, M	. D. ′	VAH FORT	HOWARD, MARYI	AND	
23	BO BUR AL, CREMATIC		F (23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or To	wn) (i	County) (Stote)
	BURIAL Specify		67	BALTIMORE N	ATIONAL	BALTIMORE,		
	24 FUNERAL DIRECTO		K	ELSON FUNERAL		D BY REGISTRAR 2Sb RE	GISTRAR'S SIG	GNATURE
1	Xledad	Kelson		CATHOUN ST.		MD 0 1967	Uny!	as Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or repovel, and in any event, within 72 hours after death Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the meath certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR /

1/65 £15

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	01811			CERTIFIC	ATE	OF DEATH			1180		
1.	PLACE OF DEATH	H			1					dence before admission)	
	a. COUNTY Ball	timore		MARYLAI	un I	a. STATE Mary	land	b. COUNT	Fre	derick /	
			imits, c.	LENGTH OF STAY IN		c. CITY OR TOWN (If	outside corpo	rate limits, write	e RURAL an	d give nearest town)	
- 1	write RURAL Catonsvi	N (if outside corporate and give nearest town)		2 WEEKS		Westminist					
		SPITAL OR INSTITUTION (ress)	d. STREET ADDRESS				e. IS RESIDENCE	
		ook Nursing H		, ,		18 Webste	r Stree	t		YES NO.	
3.	NAME OF	First		Middle		Last	4. DATE	Month		Day Year	
	DECEASED (Type or print)	Ada	Reb	ecca	G	aver	OF DEATH	Feb.	17	19 67	
5.	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	1 8	. DATE OF BIRTH				EAR IF UNDER 24 HRS.	
	F	White	WIDOWED X	DIVORCED	5	10/30/1886	8	ast birthday) N		ys Hours Min.	
10a dur	LUSUAL OCCUPATION IN MOST OF WORK	10N (Give kind of work don Ing life, even if retired)	e 10b. KIND INDUS	OF BUSINESS OR STRY		11. BIRTHPLACE (CO	unty & State, or	foreign country)	CON	ZEN OF WHAT NTRY? S · A.	
13.	FATHER'S NAM	E				14. MOTHER'S MAID	EN NAME				
1	Tyson D.	Dubel				Amanda	C.				
15	. WAS DECEASED!	EVERINUS ARMED FORCE		IAL SECURITYNO.	17.	INFORMANT		Address			
	s, no, or unkown) NO	(If yes give war or dates of ser	vice)		Mar	s. Glayds S	. Tetim	er Ell	licott	City, Md.	
- 1		DEATH [Enter only one c	ause ner line f	or (a) (b) and (c) I		0. 024,000	£ 2,00 0 3,11	01 33.3		NTERVAL BETWEEN	
		EATH WAS CAUSED BY:	001	260-1	- //	hrombogie				2 MOS	
		IMMEDIATE CAUSE (a)		C-17121	/ '	1101400775				La encop	
	DUE TO										
	Conditions, If any, which (b)										
	cause (a), si	cause (a), stating the DUE TO									
2:		underlying cause last.) (c)									
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES [7] NOW.									PERFORMED?	
TIF	20a. ACCIDENT	WAS UNDERLYING	20b. DESC	RIBE HOW INJURY	OCCU	RRED. (Enter nature of	injury in Pari	I or Part II of	Item 18.)		
CER	OR CONTRIBUTI	ING 🗀 CAUSE OF DEATH TIFY MEDICAL EXAMINES	3)								
CAL	20c. TIME OF	INJURY Month, Day, Yea	r 20d. INJUR	Y OCCURRED 20e	PLA	CE OF INJURY (Home, fa	rm, 20f. (C	Ity or town)	(Count)	y) (State)	
MEDICAL	ts ruoH		While at work	Not While at work	Tactor	ry, street, office bldg., et	(6.)				
	21. I certif	y that (I) (this hospita	il) attended t	he deceased from	TI	1-2.3 19	962, to_	2-11	_, 196-2	, that (i) Iwe) last	
	saw the de-	ceased alive on 2	70	19 <u>_6_7</u> , and	l thát	death occurred at	O A.M. fron	n the causes a			
	22a. SIGNATU	22b. DATE SIGNATURE)									
	Kloman 2 Hesbert, M.D. ATTENDING MED. STAFF 12-11-67										
	22c. PHYSICIA NAME (T		E 14	ocheck	4.5	22d. ADDRESS	1. Pd 1.	11.044	: Cotal	41	
232	DUDIAL ODEN	MATION I 23b. DATE THE	REOF 23	Ic. NAME OF CEM	ETERV	OR CREMATORY	23d. LOC	ATION (City, tow	אין חדי פחוותו	y) (State)	
232	BEMOVAL (Spe	ecify)	67 5	- 1 .		4. CEMETED	Mil	+00 111/	15 1	(3,0,0,0)	
2/1	JSURIA.	4 7/17/	0)	T. PAULS L	UIT	25a. RÉC	D BY REGIST	RAR L 25b. REI	GISTRAR'S	SIGNATURE	
24	O	2-1	1	Mountain							
,	X 2-1	mero D.	West	unslu.	14	- DATE	EB 15	1967	Mary	les Judge	



W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH AND RECORDS. 301

FOR STA HEALTH P.M.3. Poge any delay is

and 2 with the State Department of event within 72 haurs after death.

in penci in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chef Medical Examiner's Office along with form TO FUNERAL DIRECTOR: Page 3 shauld be used as a bunal-transit permit. File lagges Health or its designated agent, priar to burial, cremation, or remaval, and a gar "pending" necessary, please execute the certificate, writing the ward 5 may be retained far your files. VR A15ME (5)

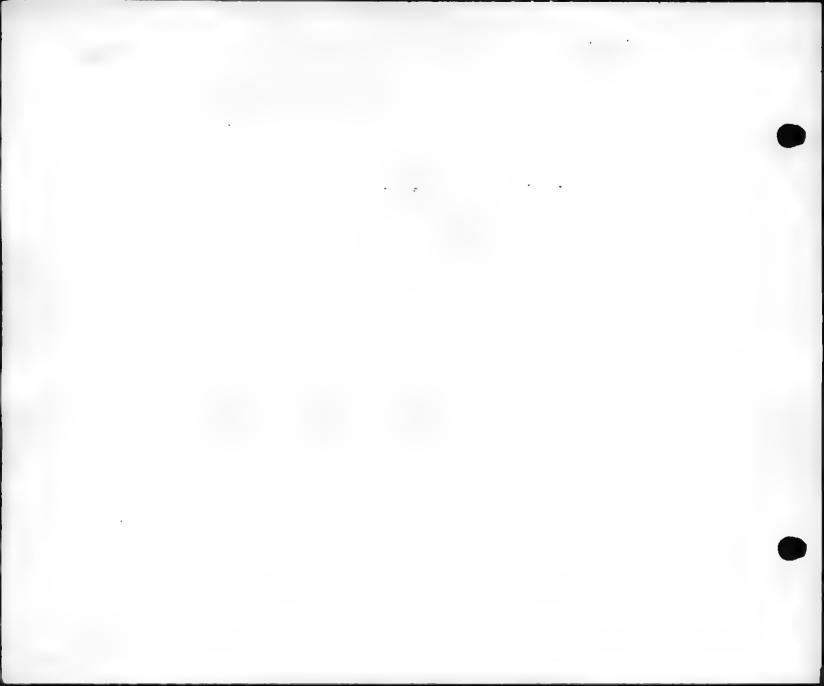
TO DEFUTY MINISTEL EXAMINER: This certificate should be executed within 24 hours after death. If

01812

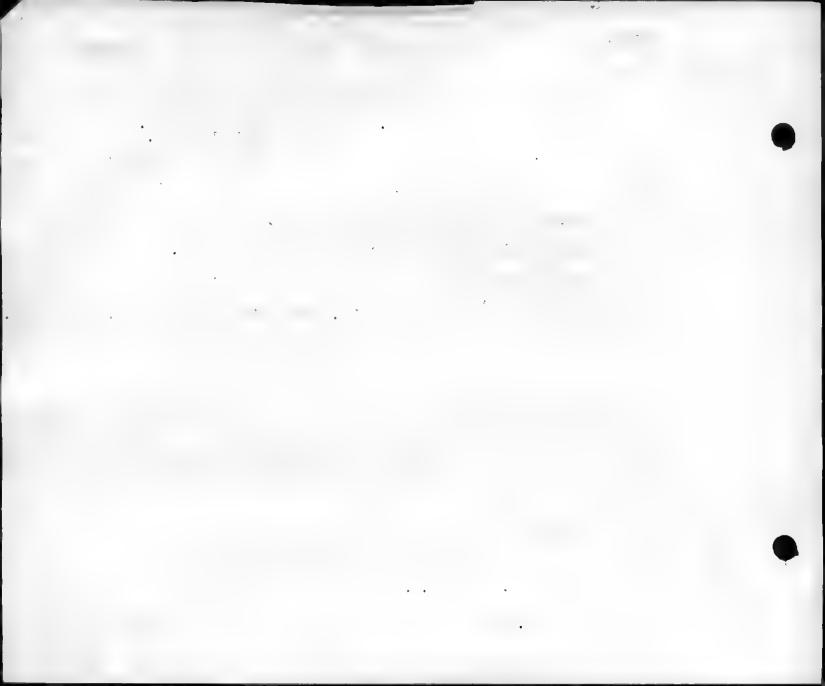
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

D12D2

/				1110						
		PLACE OF DEATH O. COUNTY Balto- MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if institution Resider a. STATE b. COUNTY 6.	ce before odmiss an)						
	ì	write RURAL and size nearest tays. William, William, M. 3.5 mm.	c CITY OR TOWN (f autside carparate limits, write RURAL and giv	e nearest tawn)						
/	(d. NAME OF HOSPITAL OR NISTITUTION (If not in hospital give street address)	d STREET ADDRESS 2001 Hurgrove St.	e IS RES DENCE ON A FARM? YES NO						
	1	NAME OF PIRST PROCESSAVAGE 3	GIBSON OF DEATH FLOW	1967						
S SEX male 6 COLOR OR RACE 7. MARRIED NEVER MARR ED B DATE OF B RTH lost burthday) Months Days WIDOWED DIVORCED 4-14-14 32 yrs										
	10a dun	USUAL OCCUPATION (Give kind of work done ing mast af warking lits even it retired) INDUSTRY INDUSTRY	that (Inhanson) md. 12 (TZEN OF WHAT DUNTRY ? 2V, 5, A						
	13	Howard Gibsons	14. MOTHER'S MAIDEN NAME Sovage	,						
		WAS DECEASED EVER IN U.S. ARMED FORCES? It social. SECURITY NO 17 Res, na. ar unknawn) (If yes give war ar dates af service) 216-09-3166	NFORMANT It. Wilson Records - mt. In	Tilson In						
		PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) TO THE PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	nole	ONSET AND DEATH						
		Cand tans, if any, which gave) (b) For advanced (Pulmonary Ibe.	4 1/2 yrs.						
		rise to immediate cause (a), stating the underlying cause (c)	,							
/	ATFON	PART I OTHER S GNIFICANT COND T ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS PERFORMED? YES NO								
	PERFORMED 200 EXTERNA, CAUSE WAS PRIMARY D OF CONTRIBUTING D 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Part I or Part II of tem 1B) CAUSE OF DEATH.									
	MEDICAL	Hour o.m. While Not While I factor	CF OF NJURY (Hame, form 20f (City or town) (Ca ary street, affice b dg etc.)	unty) (State)						
		21 certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Notural causes , Accident , Suicide , Hamicide Undetermined manner								
	ACTUAL SIGNATURE D. D. Caples CHIEF MEDICAL EXAMINER C 22. DA									
, 9		EXAMINER'S D. D. ZAPLES. DEPUTY MEDICAL EXAMINER 2-19-127 Address (Street city town, or county)								
	23a	BUR AL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CORENOVAL (Specify) 2-23-67 Mt. Aubus	1. 77 1	(County) (State)						
	24	FUNERAL DIRECTOR ADDRESS	25a REC'D BY REGISTRAR 25b. BEGISTRAR 5	GNATURE						
	-16	EC, KELSON FUNERAL HOME 1348 CALHO	CANCEL MULTIPLE SE ST MONTH BILL	17 17						



tems 13-21 Film 388 5-2-MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

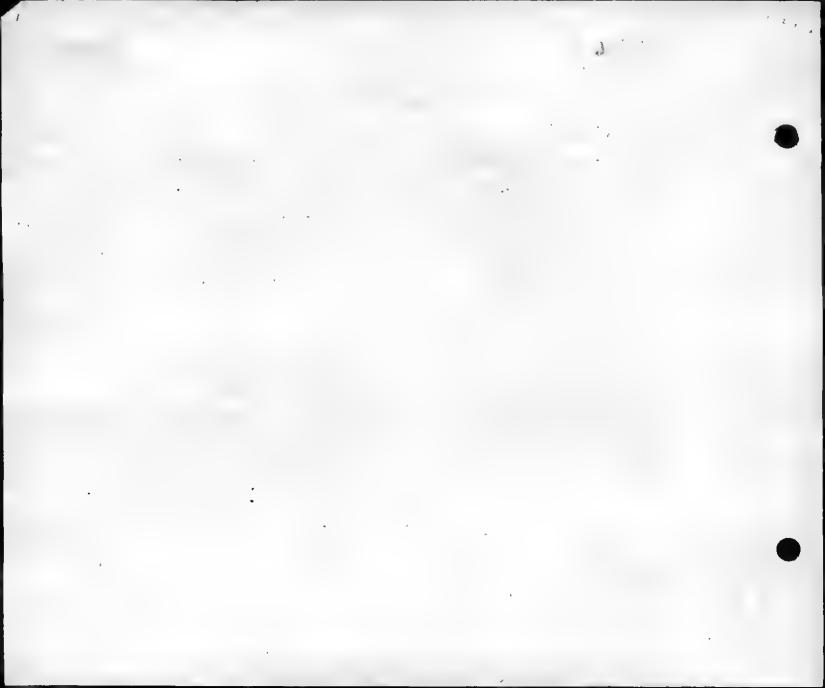
0	1	8	1	4	
100	-	~	400		

CERTIFICATE OF DEATH

01810

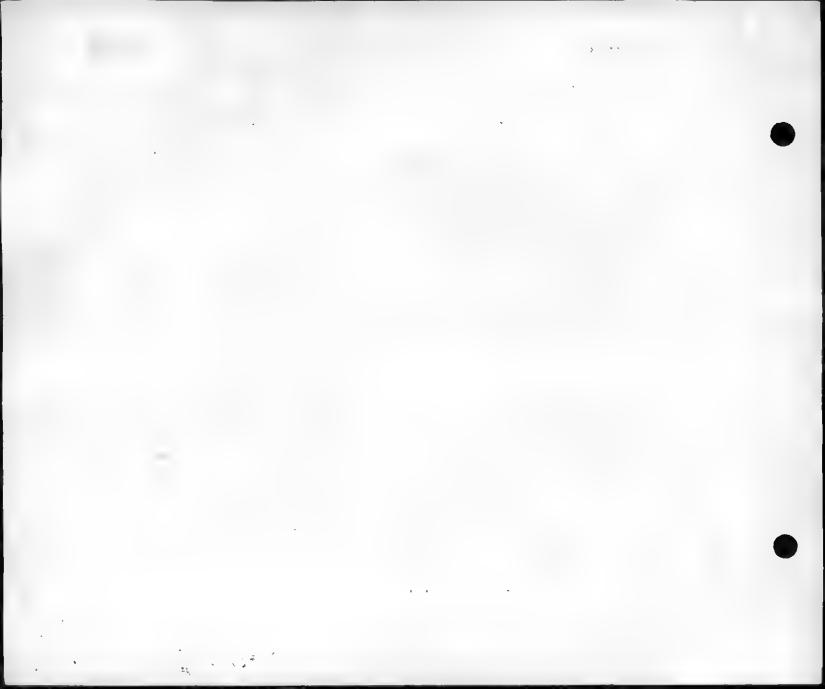
											X U J	J
1	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)										
	Baltimore			MARYLA	o. STATE b. COUNTY Maryland							
	b CITY OR TOWN (If autside corporate I mits,			C LENGTH OF STAY-IN 1b C CITY OR TOWN (If outside corporate limit			e limits, write R	ts, write RURAL and give nearest town)				
	write RURAL and give nearest tawn)			1,80								
-	d NAME OF HOSP TAL OR INSTITUTION (If not in hospital,			ve street address)		Baltimore #2I234			<u>-C)</u> -T	T e is	RESIDENCE	
	, , , ,			AC 21,641 addless)		2645 Wendover Rd.			73.1	0		N A FARM?
-		Joseph Ho		15* 1 d			Wen					∐ NO ∐
3.	NAME OF DECEASED	ŀ	irst	Middle	Las*	i	4 DATE OF	Mo	nth	Day	Year	
	(Type or print)		aby boy			Goedeke		DEATH February 5			1967 YEAR TIFUNDER 24 HRS	
2	sex male	6 COLOR OR RACE	7 MARR ED	NEVER MARRIED	العا	Feb. 5,	I 96	9	AGE (In years fost birthday)	IF UNDER 1		ours Min.
			WIDOWED	DIVORCED					yrs			17
	USUAL OCCUPATION	(Give kind of work done	10b KII	ND OF BUSINESS OR		1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN, OF WHAT COUNTRY?						TAT
ug	III O I II VAN 32 BUILD AND	anto, estate (terneu)		P05/11(1		Dat10. 11d.						7
13	FATHER'S NAME					14. MOTHER'S MAIDEN NAME						
	Paul Fr	ancis Goed	eke			French , Mrs. Joan Angela						
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 9	OCIAL SECURITY NO.	17. 1	NFORMANT			Add	ress		
(1)	es, no, ar unknawn) (If yes give war ar dotes of service)					Parents same						
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))										INTERV	AL BETWEEN
	PART I. DEA								AND DEATH			
	4761	IMMEDIATE CAUSE	(0)	aturity								
	Conditions if any which ages >											
	rise to immediate couse (o),											
	stating the underlying couse											
										10 16/4	S AUTOPSY	
NO	PART II UTHER SI	IEU IO	TE TERMINAL DISEAS	SE CONL	DITTON GIVE	N IN PAKI I(0)		PEF	EORMED?			
S								YES	NO X			
CERTIFICATION	200 ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I at Part II of item 18.)											
	\ \\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\											
WEDICAL	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (Cou								nty)	(State)		
ME	Haur a.m. While Not While of wark of											
	21. I certify that (I) (this hospital) attended the deceased from Feb. 5 , 1967, to Feb. 5 , 1967, that (I) (we) la											
	sow the deceased alive on Feb. 5 197, and that death occurred at 7:55 M from causes and on the date stated about										toted obove	
	220. SIGNATURE \$ 0 22b. DATE SIGNE										1070	
	M.D. ATTENDING MED. STAFF EX Fe								Feb	• 5	1967	
	22c. PHYSICIAN'S	22d. ADDRESS	5									
	NAME (Type	Jose A	. Agut	ò		762	20 Y	lork F	d. Ralt	imore.	Md.	2T204
23	BURIAL, CREMATIC		EREOF	23c, NAME OF CEMETE	RY)OR				CATION (City of		(County) ₂₅	(State)
1	TRANOVAL(Specify) 2-8-61 Holy Redumen BALYO								0	111	d	
2	FUNERAL DIRECTO			ADDRESS	1			BY REGISTR	AR 2Sb	REGISTRAR'S SI	GNATURE	
(Char 7	EUANI	agm	8802 4	AR	TOPA IC DATE	FR	16	967 /	Charle	yuo	ige.
	7		<u></u>					LU	JUIL /		1	//
	780											

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending by scian and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit They please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remarkal, and in any event, within 72 haurs after deoth. TO HOSPITAL OR ATTENDING PHYSICIAN: Till law requires that the litath certificate be mecated within 21 haurs after death. Page 4 may be retained by the haspital or attending physician



GARRISON

VR A15ME (5)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please replace about papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after death. hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.

	DIVISION OF STATISTICAL RESEARCH AND RECORD CERTIFICAT		IRYLAND
1.	PLACE OF DEATH 8. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Res a. SMETryland b. COUNTY	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) TOWN ON. d. Name OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	Baltimore	nd give nearest town)
	d. Name of Hospital or Institution (if not in hospital, give street address Towson, Md. aney-Towson Nursing Home, Ill West Rd. Name of First Middle	5709 Winner Ave. 21215	ON A FARM? YES NO X
	OFCEASED (Type or print) WILLIAM (500	DMAL DEATH 2 8. DATE OF BIRTH 19. AGE (In years IFUNDER 1)	26 1967
	Male White WIDOWEO DIVORCED	12/8/87 Months D	Days Hours Min.
dur	a. USUALOCCUPATION (Give kind of work done into of Business OR in most of working life, even if retired) Rotail Merchant	COU	IZEN OF WHAT
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	<u> </u>
1	Morris Goodman	Rebecca ?	
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	. INFORMANT Address	
	No 219-32-1879	Mrs. Rebecca Goodman, 5709 Winne	er Avenue
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	_	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) YNEUMCK!	4	
	Conditions is any which is DUE TO Or their supply	The too to do on a	
	Conditions, if any, which I	stre tout dereuse	
	gave rise to immediate { cause (a), stating the } DUE TO		
_	underlying cause last. (c)		
150 100 100 100 100 100 100 100 100 100	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)	19. WAS AUTOPSY PERFORMED?
FICA	Celtral The	mboses	YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRENCE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of Injury In Part I or Part I of Item 18.)	
MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (Countery, street, office bidg., etc.)	ty) (State)

from______, 19____, and that death occurred aff20PM, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from from the causes and on the date stated above. saw the deceased alive on DATE SIGNED SIGNATURE 22b. 22a. 9 ATTENDING PHYS. MEO. DIRECTOR STAFF PHYS. ADDRESS 22c.

NAME OF CEMETERY OR CREMATORY

22d. PHYSICIAN'S NAME (Type)

Liberty Road

LOCATION (City, town or county)

(State)

Beth Jacob BUTIAL PRECTOR 128/67 Sol Levinson & Bros. Inc., 6010 Reist., Rd.

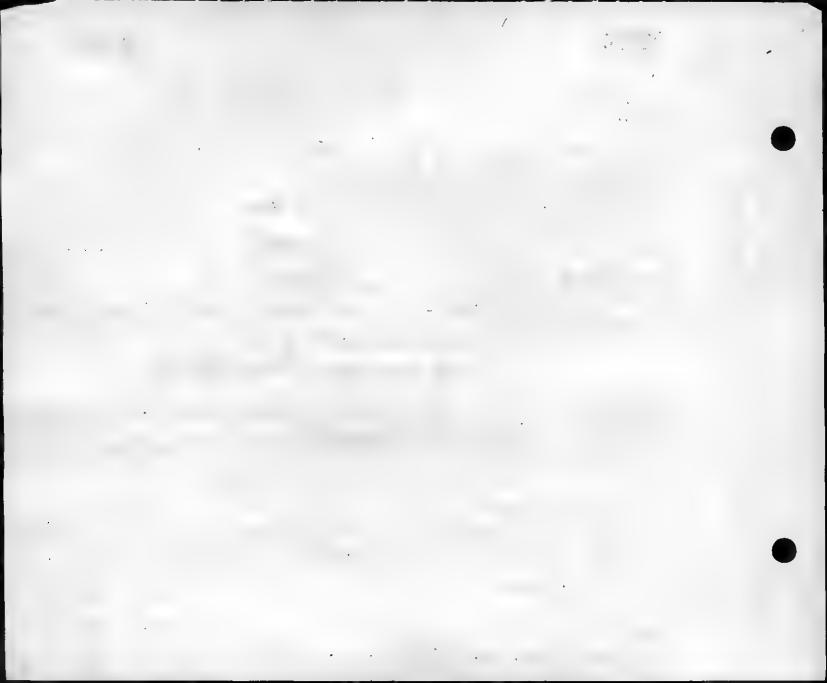
OATE THEREOF

23b.

BURIAL, CREMATION, REMOVAL (Specify)

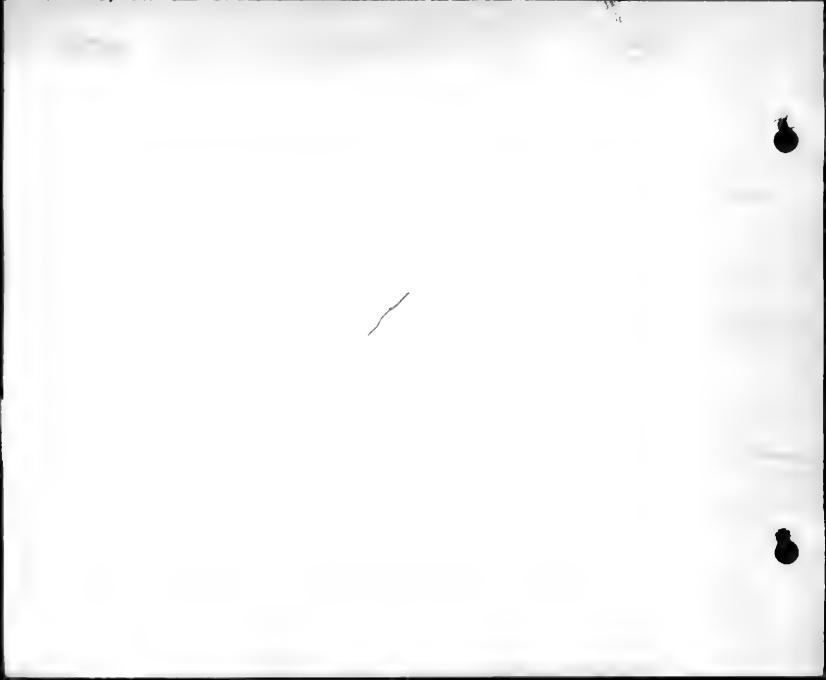
258, REC'D BY REGISTRAR 25b. RI Maryland REGISTRAR'S SIGNATURE goliantes Judge

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH EI. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased ived. PLACE OF DEATH IN MALTIMORE MARYLAND papers. res MARYLAND FULL NAME OF (final in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURA, and give township) INSTITUTION campletelyefilled RAI. TIMORE APMACOST NUPSING HOME (If rural, give location) carban RegesterADTS. executed Months Days Hours If Under 24 His. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) SINGLE E TOTAL TO WATTE DINGLE

COA USUAL OCCUPATION (GIVE bind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF BIRTHPLACE (State or foreign country) The law requires that the death certificate be Science during most of working life, even if retired) WHAT COUNTRY? MOTHER'S MAIDEN NAME 3. FATHERS NAME 5, Was Deceased Ever in U. S. Armed Forces 6. SOCIAL Tes, no or unknown! (If yes, give war or dates of service) SECURITY NO J. JROGAN JR 929 cremat urial-transit ONSET-AND DEATH DISEASE OR CONDITION DIRECTLY signed l burial-tr burial, c LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthering, etc. It means the disease, attending injuly of complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise la the obave couse (A) stotugo the O HOSPITAL OR ATTENDING PHYSICIAN: UNDERLYING CONDITION lost. I be detached for State Dent of H Not Whill (APPROXI 22. I certify that (1) (this haspital) attended the deceased from TO FUNERAL DIRECTOR: After this that (1) (we) lost sow the deceased alive on ... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did not) view the body after death, retained director, page 3 should 238, DATE SIGNED Attending Med. Director 23C. PHYSICIAN'S 23D. ÁDDRESS NAME (Type! 24A. BURIAL CREMATION, 248. DATE NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 25A. DATE REC'D BY HEALTH DEP H.W. MEARS 25M 1/67 & SON 305 N. CALVERT



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decrased lived, if ingligion, Residence before admission) s necessary, rector, Page your files. b. COUNTY MARYLAND b. CITY OR IOWN Lifeursida corporata I mits. C. LENGTH OF STAY IN 16 c. CITY OR POWN (If ourside corporate limits, write RURAL and give nearest town) RURAL fend give neerest town) INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE d. STREET ADDRESS Z ON A FARM? retair he State YES NO ar death. If any and 3 to the ful 3 NAME OF OF DEATH the with the ive Pages 1, 2, and 3 the PM3. Page 5 may be pages 1 and 2 with it within 72 hours aff 5. SEX 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED lest birthday) Months WIDOWED [yrs. BUAL OCCUPATION (G va kind of work 106 KIND DEBUSINESS OR INDUSTRY CE (State of 12. CITIZEN O FWHAT COUNTRY? ring most of working I te, even if retrad 1. mouremes 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT pakayin) (If yes give wer or deles of service) permit. 18. CAUSE OF DEATH [Enter only one cause per line for [e], [b], and (c).] Office along w burial-transit p moval, and in INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) removal, **DUE TO** Conditions, if any, which (b) gava rise to mmadiete cause (0) DUE TO (a), stating the underlying 20 Examiner ក cause lest. be used cremation, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVED IN PART : 0) 19, WAS AUTOPSY PERFORMED? erificate, writing the word ded to the Chief Medical E ICLOR: Page 3 should be NO 206. DESCRIBE HOW INJURY OCCURED, (Eperprature of houry in Part I of Part II of Ilem 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING orwarded to the Chief m crwarded to the Chief m cross Page 3 st CAUSE OF BEATH. 20c. TIME OF INJURY Month, Day, Year 20d. IN. URY OCCURRED 20e. PLACE OF INJURY (Home, farm," 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While ___Nor While Hour ame at work at work p.m. 21. I certify that I look charge of the pemajos described above, held an Autopsy Inspection 12 Inquiry Sc and in my opinion forwarded death resulted from: Natural Lauses Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be forward to the state of the state ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY EXAMINER'S NAME (Typa) Addrass (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) REMOVAL (Spacify)
Burial Parkwood Cemetery Baltimore, Md. <u>v</u>4₽ ₽ OH 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME Leonard J. Ruck, Inc. Balto. Md. 21214 5M 7/59

LAND STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. certificate be executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 01010

1.	PLACE DE DEATH 2. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Ro a. STATE Maryland b. COUNTY	Editino ne
	b. CITY DR TOWN (if outside corporate limits, write RURAL and, give nearest town)	c. CITY DR TOWN (If outside corporate limits, write RURAL	and give nearest town)
_ {	ockersville	Cockeysville ,	
	d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE DN A FARM?
	Boxer Hill Rd., Near Tadonia d.	Boxer will rd.	YES ND X
3.	DECEASED (Type or print) John MacCallum G	Last 4. DATE Month DF DEATH Februar	/ - /
5.	SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER:	
	Male thite WIDDWED DIVORCED	Jept. 2, 1790 / yrs.	Days Hours Min.
dur	a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS DR (lips most of working life, even if retired) INDUSTRY. Lectrical names.	11. BIRTHPLACE (County & State, or foreign country) 12. CI Scotland	TIZEN OF WHAT UNTRY?)/1
13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Robert Gray	Mary Farmer	
	i. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17.	INFORMANT Address	
(11	10 None 024-03-4608 Far	nily records	
Ī	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	A	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	Lucar	OHOLI MID DENTI
	7		
	Conditions, if any, which)		
	gave rise to immediate		
	cause (a), stating the DUE TO		
z	underlying cause last. (c)	TO TO THE TERMINAL PROPROPOSITION OF THE PART ALL.	119. WAS AUTOPSY
ICATIO	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	(LED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART X(8)	PERFORMED?
CERTIFICATION	202, ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCUOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.	
SAL		CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
MEDICAL	Mulle Mot Mulle	ry, street, office bidg., etc.)	
M	p.m. 19 at work at work] 21. I certify that (I) (this hospital) attended the deceased from	May 16, 1966, to 7 16, 196	Z, that (I) (we) last
	1 0 1 144 /	t death occurred atM, from the causes and on the	e date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. D/	ATÉ SIGNED
	MINNINGE M.	D. PHYS. DIRECTOR PHYS. 1720	11,176
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	/
238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
6	REMOVAL (Specify)	0.1)
24		enetery Baltimore, kurylan 7252. REC'D BY REGISTRAR 256. REGISTRAR	
9	John Burns' Sons, To won, Paryland	DATE FEB 2 3 1967	3 1 74-



JE 7 funeral

*** State Decision of Health prior to build be defected for use the state of Health prior to build be defected for use as the build being the state of Health prior to build.	Page 1 be retained by the hospital or attending 12RAL (ECTOR: After this certificate has been sin page 3 should be detached for use as the burial-transmit has State Dect of Hashin prior to burial, cernating the state Dect of Hashin prior to burial, cernating the state Dect of Hashin prior to burial, cernating the state Dect of Hashin prior to burial, cernating the state of the st	*** The control of th	death. Page the retained by the hospital or attending physician. Let TUNERAL AECTOR. After this certificate has been signed by the literaction and complete the death of the retained to burial-transit permit. Then please remove the burial-transit permit in any event. Whith page 15 should be detached for use as the burial-transit permit. Then please remove the burial cremation, or removel, and in any event. Whith Page 15 should be detached for use as the burial-transit permit or any event.	TO TO TO	death, P	IND PUNI	director,	Per Filed
be retained by the hospital or after the formal of the hospital or after this certificate has I thould be detached for use as the but hould be detached for use as the but of the formal or to be a formal or to but of the formal or to but of the formal or to be a formal or to b	be retained by the hospital or attending the CTOR: After this certificate has been sinhould be detached for use as the burial-transfare Detached for use as the burial-transfare Detached for the control of Hanift prior to burial, cremating the control of Hanift prior to burial, cremating the control of the	be retained by the hospital or attending physici (ECTOR: After this certificate has been signed by though de detached for use as the burial-transit per State Deet of Health prior to burial, cremation, or	TECTOR: A factory of the factor of the factory of t	7071	396	RAD	page 3 s	with the
Rained by the hospital or after this certificate has the detached for use as the buriet of Health prior to buriel.	tained by the hospital or attending. R. After this certificate has been single detached for use as the burial-transit of Health prior to burial, cremating	Rained by the hospital or attending physicing of Affer this certificate has been signed by defacthed for use as the burial-transit pernet of Health prior to burial, cremation, or	tained by the hospital or attending physician. R. After this certificate has been signed by the lay detected for use as the burial-transit permit. The color of Hashith prior to burial, cremation, or remove	TITLE S	be re	RCTO	should be	State De
y the hospital or atk r this certificate has t ed for use as the but salth prior to burial.	y the hospital or attending this certificate has been sit ed for use as the burial-fram shift prior to burial, cremati	y the hospital or attending physici r this certificate has been signed be ed for use as the burial-transit pen safth prior to burial, cremation, or	y the hospital or attending physician. Y the hospital or attending physician. This certificate has been signed by the led for use as the burial-transit permit. Il solid to have burial, cremetion, or remove	716	tained b	R: Afte	a detach	of of He
ospital or attending a service of the bus of	ospital or attending entificate has been significant to burial-frantion to burial-cremati	cospital or attending physici or attending physici or attending physici or attending physici or as the burial-transit per ior to burial, cremation, or	copital or attending physician. entificate has been signed by the Illuse as the burial-transit permit. Illust to burial, cremation, or removing to the purial or the burial or the buri	FULL	y the h	r this co	ed for	eaith o
or afte o has the the bus	or attending to has been sighted the burial-frantial	or attending physici to has been signed by the burial-fransit pen	or attending physician. The has been signed by the life burial-transit permit. I burial, cremation, or remove	5777	ospital	ertificat	use as	of Tol
	anding been signal-fran	nding physicipeen signed brial-fransit pen	anding physician. been signed by the lial-transit permit, TI cremation, or remov.		or afte	e has l	the bus	burial.
physician. gned by the stesding sit permit. Then pleadon, or removal, and	an. y the tending mit. Then plea	Ite din				g physic	ase remo	in any 6
physician. physician. physician. price the teading physic sit permit. Then please remoton, or removal, and in any in a	an. y the steading physic mit. Then please removal.	Estembling physic hen please remo	g physic			ian all	Ne N	event.
physician. physician. gned by the literating physician all sit permit. Then please remove the physician all sit permit, and in any event.	an. y the	Ife death certificate and then please remove and and in any event.	g physician amass remove	9 4 4		d comi	d uoq	Within
physician. physician. gned by the literating physician and cominsity permit. Then please remove limbon pron our removal, and in any event, withink lon, or removal, and in any event, withink	inal life deals certificate be axe by the life ding physician and com mit. Then please remove libon premoval, and in any event, within	le deall certificate be see life d'ing physician and com hen please remove libon pai, and in any event, withink	g physician and com ase removebon p	3		ple		3750

VR A15 (4)
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NAME (Type)

Kemova 1

24 FUNERAL DIRECTOR'S SIGNATURE

REMOYAL (Specify)

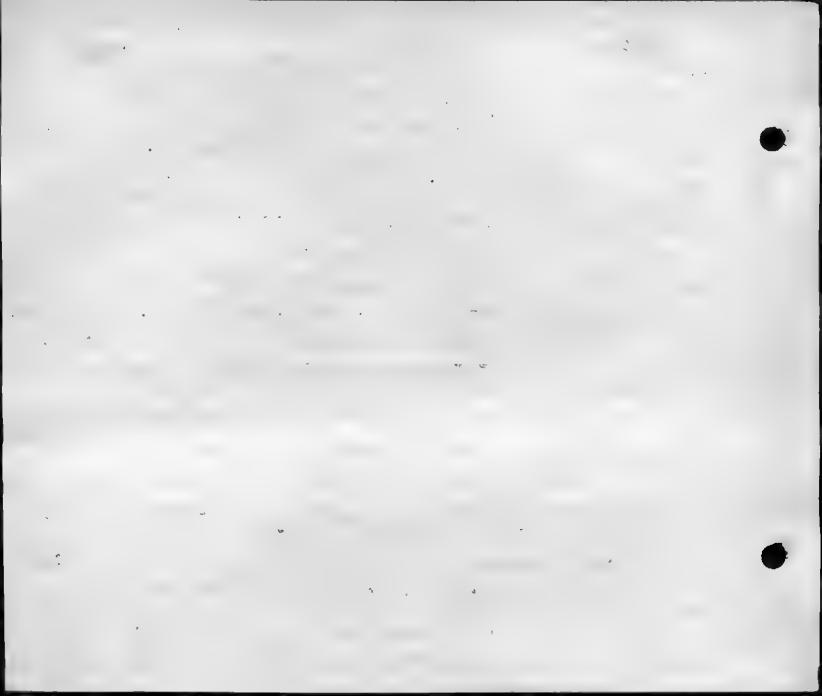
230. BURIAL, CREMATION, 236, DATE THEREOF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased fived, if institution I. PLACE OF DEA ce beloze edmission m. COUNTY b. COUNTY Baltimore Maryland MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL end give necrest town) b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 wrife RURAL and give nearest town) Catonsville Ral timore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 532 West Mulberry St. Shady Nook Nursing Home YES NO 3. NAME OF Lest Month Yeer Midd a DECEASED DEATH (Type or print) Mary H. Griffith February 20. 1967 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. 8 DATE OF BIRTH last birthday) Female DIVORCED WIDOWED T February 24, 1873 106. KIND OF BUSINESS OR INDUSTRY If BIRTHPLACE (County & State, or loreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if reffred) Hou sewife Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robinson Lucy Robinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO | 17, INFORMANT Address (Yes, no, or unkown) | (Ifyesgive wer or detes of service) 311 N. Chapelgate I 218-12-8968 D None Mr. Joseph R. Griffith 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying ceuse last. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 🔼 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 20d, INJURY OCCURRED 2De, PLACE OF INJURY (Home, ferm, 1 201, (City or fown) (Slete) (County) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg , etc.) Not While While Hour e.m. et work at work D.FR lo , and that death occurred at M. M. from the causes and on the date stated above saw the deceased alive on. . 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 22c. PHYSICIAN S 22d. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county)

(Slete)

Harmony Grove. Virginia Harmony Grove Cemetery 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



VISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. Leath. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) e. COUNTY e. STATE b. COUNTY apers. Pages 1 BALTIMORE MARYLAND BALTIMORE MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 3 Mours BALTIMORE URAL UTAL PALTIMOKE E d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) filled d. STREET ADDRESS Pa ent-within completely ive, carbon p NAME OF Month Middle DATE DECEASED ELLSWORTH GROFF DEATH (Type or print) emecute AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED remove 9 last birthday) any and WIDOWED DIVORCED .≘ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) ician ease during most of working life, even if retired) INDUSTRY and AIRCRAFT-ROCKINGS ENCHNEER AIRCRAF phys. certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova attending parmit. Then WILLIAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT been signed by the atten the burial-transit permit. or to burial, cremation, or (Yes, no, or unknwn) | (If yes give war or dates of service) RESERVE CAUSE OF DEATH { Enter only one cause per line for (a), (b), and (c).] that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO NASCULAR BY XEASE Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying cause last. as pri (c) certificate has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use Health for PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert | or Part || of Item 18.) 20a. ACCIDENT WAS UNDERLYING detached f OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, I 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While After be p.m. at work et work 19 63 to. retained director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 1/45 M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE þe ATTENDING M.D. DIRECTOR may ADDRES HOSPITAL PHYSIC AN'S 22¢. NAME (Type) Page OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Soecly) REC'D BY REGISTRAR 25b. **FUNERAL DIRECTOR**

within

AI5 1/65

e. IS RESIDENCE

YES

12. CITIZEN OF WHAT

COUNTRY?

ON A FARM?

Year

196

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY

PERFORMED? NO 🔼

(State)

(State)

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2041

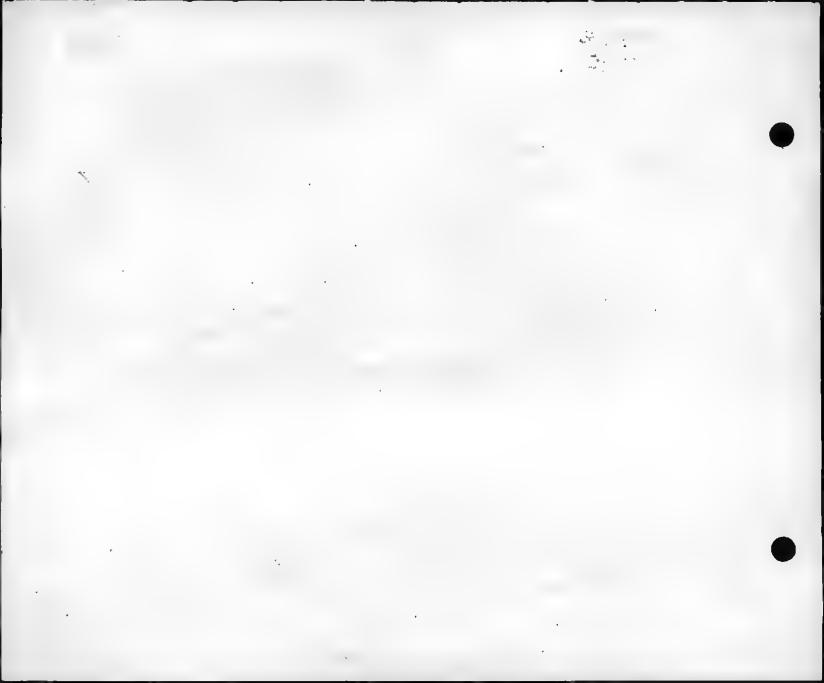
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(County)

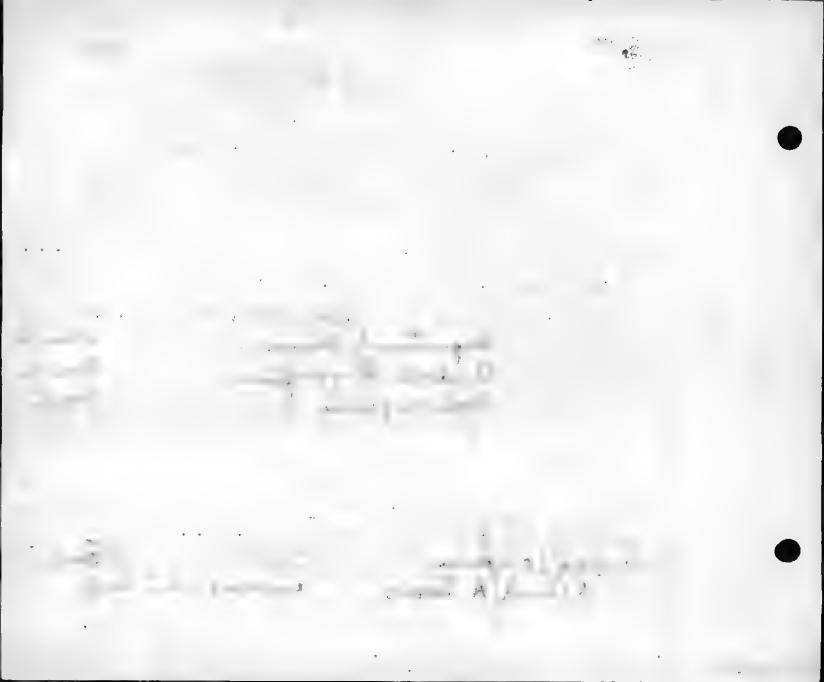
DATE SIGNED

REGISTRAR'S SIGNATURE

NO 2



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01822 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after death. deáth. completely filled in by the funeral ove carbon papers. Pages I and 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o STATE COUNTY a. COUNTY Harford Maryland Baltimore MARYLAND C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) b. CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town)
Owings Mills l mo. d STREET ADDRESS B IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitot, give street oddress) within 72 15 414 Enfield Road YES NO 1 Rosewood State Hospital 3 NAME OF Midd e Lost 4 DATE Month Year First Dov DECEASED 67 HALES event, 1 Kathleen 19 Mary DEATH (Type or print) IF LINDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (in years S SEX 6. COLOR OR RACE NEVER MARRIED [X 7. MARRIED тетпоуе lost birthday) Months 00ys **30** Hours DIVORCED 4-6-66 and in ony WIDOWED Male White oug 12. CITIZEN OF WHAT 100 USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) physicion a COUNTRY ? during most of working life, even fretired) INDUSTRY U.S.A. Baltimore, Maryland Dependent none 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Martha Eileen Buell Joseph Gratt Hales, Jr. offending | 17 INFORMANT IS WAS DECEASED EVER N J S ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, ar unknown) (f yes give war or dates of service Rosewood Records, Owings Mills, Maryland none creindres. INTERVAL BETWE 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) this certificate has been signed by the letached for use as the buriol-transif Dept. of Health prior to burial, are the PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) be retained by the hospitat or ottending physician. DUE TO Conditions, if ony, which gove rise to 'mmediate couse (a), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT MELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIF CATION NO 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER be detached State Dept. o MEDICAL (20e. PLACE OF INJURY (Home, form 20f. (City or town) (County) (Stote) 20d INJURY OCCURRED II FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. While Not While of work ot work 2-5 19 66 , ta 19 67, that (# (we) last 21. I certify that (* (this spital) attended the deceased from. 12-30 ooge 3 shauld to 1967, and that death occurred all: 30 Mostron causes and an the date stated above. saw, the (deceased Alive of 22b DA SIGHED 220 ATTENDING STAFF PHYS. DIRECTOR M.D PHYS. poge 20d ADDRESS PHYSICIAN director, po should be f NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23g. BURIAL, CREMATION 23b. DATE THEREOF Bullian (Specify) Rosewood Cemetery Owings Mills, Md. 25b. REGISTRAR S SIGNATURE 2So. REC'D BY REGISTRAR **ADDRESS** 24. FUNERAL DIRECTOR carles VR A15 (4) F. Eline & Sons Reisterstown, Md. 20 M 1/66



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10 MOSTIAN OF ALLEMBING FOR LAND AND REGULES THAT THE GREAT COTTACHED BE EXECUTED WITHIN 24 HOURS GIVE		the	director, page and ld be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should	ath.
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9		fter this certificate has been signed by the affending physician	100	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within \$2 hours after
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	DIVISION OF STATISTICAL I	RESEARCH AND RECORD	EPAKIMENT OF HE. S. 301 W. PRESTON STR	ALIN EET. BALTIMORE 1, 1	MARYLAND
	01823	CERTIFICAT	E OF DEATH		01818
1,	PLACE OF DEATH		2. USUAL RESIDENCE (Whan	deceased lived, if institutions if	Residence batore edmission)
	Baltimore	Manual and	e, STATE	b. COUNTY	And an area
_	b. CITY OR TOWN (if outside corporate fimits.	MARYLAND 1 c. LENGTH OF STAY IN 16	MC .	orporate limits, write RURAL and	.timore
	write RURAL and give nearest town)				
_	Hural - Balto. Vita	in hospital, give street address	d STREET ADDRESS	Baltimore 'i	Lty
	2516 Anders Ro			ers Road	ON A FARM?
3.	NAME OF First	Middle	Last 4. DAT		Day Year
	DECEASED (Type or print) ARTHUR	CHARLES	HALLAM OF DEA		1967 _
5	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
	M W w	IDOWED DIVORCED	4/20/1890	76 yrs Months	Days Hours Min,
10	a. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Stale,	or foreign country) 12. CI7	IZEN OF WHAT COUNTRY
00	Clerical	Post office	Ohantan Da		
13.	FATHER'S NAME	FOST OTTICO	14. MOTHER'S MAIDEN NAME		
	Atlantis Hallan	n	Rachael Tho	mpson	
	. WAS DECEASED EVER IN U.S. ARMED FORCES		NFORMANT	Addrass	
(11	Yes T	216 32 6272 Mr	s. A. C. Halla	m 2516 Ander	s Road
	18. CAUSE OF DEATH [Enter only one cau		Will willing the wife of the mark of the state who the	m sore wilder	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	uren	rla.		ONSEL AND DEATH
	DUE TO	N 1 10	7		,
	Conditions, fany, which (b)	Neph	no ecliposu	2	1
	gava risa to immediata causa	17	A-11	No.	
	(e), stating the undarity ng cause last	lleresche	olic Vosc	wor VW	*
Z	PART IL OTHER S.GN FICANT CONDIT ON	S CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM.NAL DISEA	SE CONDITION GIVEN IN PART	TI,a 19 WAS AUTOPSY
CERTIFICATION					YES NO
TIFIC	208. ACCIDENT WAS UNDERLYING 200 OR CONTRIBUTING CAUSE OF DEATH	b. DESCR BE HOW INJURY OCCUPED	tentar natura of injury in Pert I or Pa	ort [] of item 18.)	
CER	OR CONTRIBUTING CAUSE OF DEATH	,			
SE	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20s. PLA		City or lown) (Cou	intx) (Siala)
MEDICA1	Hour e.m.	While Not While fact	ory street, office bldg., atc.)	A	/
~	21 certify that [] (this/hospital)		Mier 1964	10 Heb 19	(half (l) (we) las
			1 1 1 2	om the causes and on	
	228 SGNATUKE	M S - III and IIIai	death occured air	Olu tile canses eur ou	AZE DATE
	The sels	No My	ATTENDING MED DIRECTOR	STAFF PHYS T A	>1/45/5HE
	224 PHYSTOTAN'S	ALL ALD	22d ADDRESS	X/- 1	2-1-7
	NAME (Type)	SIK UR MU	1 9005	Ascordiora 1	R9 2123
23	BURIAL, CREMATION, 236. DATE THEREOF	23c, NAME OF CEMETERY	OR CREMATORY , 23d. L	OCATION (City, lown or count	y) //d(tale) =
	Burial 2/16/67	Baltimore]	National B	altimore, Md	
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		GISTRAR 1 25b. REG.STRAR'S	SIGNATURE
	JOHN F. DENNY, INC	. 715 Light St	PATE B 16	1967 Julian	es Judge
		TINETTO DE			Mr



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to bur al, cremation, or removal, and in such event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death

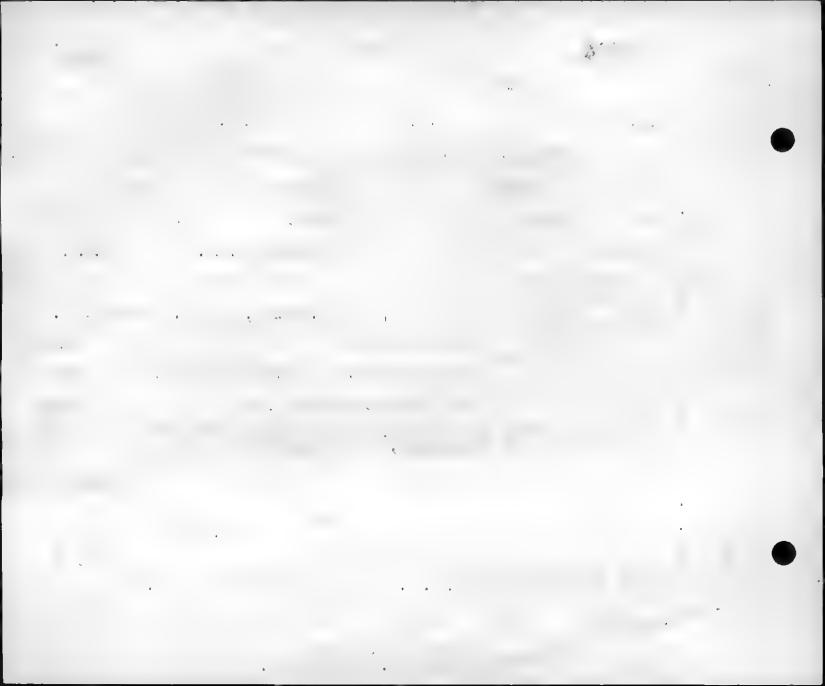
Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS 201 W PRESTON STREET RAITIMORE MARYLAND 21201

		01824	TVISION OF THEE K	CERTIFICATE	OF DEATH	AL, MARIDAND 21201	0.1	010	
			IMORE	MARYLAND		Yhere deceased lived, if institution b. COUNTY		delore dumission)/	
		b CITY OR TOWN (If outside con write RURAL and give neares FORT HOWARD	t town)	40 DAYS	CITY OR TOWN (if ou	tside corporate limits, write RURA EMORE	L ond give no	, w	
17		d name of hospital or instit VETERANS ADM 1	, , , ,	•	d street address 1626 ASHBUR	RION STREET		e IS RESIDENCE ON A FARM? YES NO X	
		NAME OF DECEASED (Type or print)	First EVERETT	M.ddle	Lost FARDING	4. DATE Month OF DEATH 2/13/	67	Doy Year	
VA.	S	SEX 6 COLOR C	OR RACE 7 MARRIED	NEVER MARRIED D VORCED	8 DATE OF BIRTH 4/24/05	9 AGE (n years	IF UNDER 1 YE		
E 9	dur	. USUAL OCCUPATION (G ve kind o ing most of working life, even if re TABORER FATHER'S NAME	(work done 10b. KII trred) INI	ND OF BUS NESS OR DUSTRY	JETERSVILI 14 MOTHER'S MAIDEN #		COUN	EN OF WHAT TRY? S.A.	
STO	13.	EVERETT HAF	DING		MARIA WOODSON				
BLACKSTONE	15 (Ye	WAS DECEASED EYER IN U.S. ARM is, no, or unknown) (I yes q ve w YES WW II	ED FORCES? 16 S or or dotes of service)		CLIN. RECORDS, VA HOSP. FT HOWARD, MD.				
7 -		18. CAUSE OF DEATH (Enter of PART DEATH WAS CAUS	on y one couse per line for SED BY: DIATE CAUSE (o)	(o), (b), and (c))	S			INTERVAL BETWEEN ON KNOWN	
L HOME		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse	(b) PNE	UNDETER	MINED ORGANI	ISM, BILATERAL		UNKNOWN	
FUNERAL		lost	(c) CHROI	NIC OBSTRUCTIV				UNKNOWN 119 WAS AUTOPSY	
SCOTT FUN	CERTIFICATION	ARTERIOSCLE	ROTIC HEART TICAL HYPOTI CONTROL DEATH	O DEATH BUT NOT RELATED TO DISEASE, REMO INCITION SEC TO SCRIBE HOW INJURY OCCURRED	TE MYOCARDIA	AL INFARCTION:	GOUT;	PERFORMED? YES NO	
Y. SC	MEDICAL	20c. TIME OF INJURY Month, I Hour o.m. p.m.		Not While foct	CE OF INJURY (Home, form ory, street, office bldg., etc.)		{County	y) {Stote}	
V.		saw the deceased al	(this hosp tal) attendive an 2/13/67	led the deceased fram 1 19, and tha	/4/67 , 1 t death accurred at	9, to <u>2/13/67</u> 12:55 A om couses ar	nd on the		
TO:		220 SIGNATURE 1	· la he	: Sen US MI	D. PHYS.	MED. DIRECTOR PHYS.	22b DATE 2/:	15/67	
园		22c PHYSICIAN'S NAME (Type) NEI	ION NEILSON	, M. D.	VAH FORT	HOWARD, MARYI	AND		
SHIPPED	R	BURIAL, (REMATION, REMOVAL (Specify) FUNERAL DIRECTOR	DATE THEREOF	230 NAME OF CEMETERY OR Bluckstone	ait W	23d LOCATION (C by or Town Blackolis BY REGISTRAR 25b REGI	(Co	ounty) (Stote)	
	19		~ WI	LSON FUNERAL H	COMPA	E' O O COOT		FAIURE	



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample by filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remayer-earbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, or remayal, and in any event, within 72 haurs after death. Page 4 may be retained by the hospital ar attending physician.

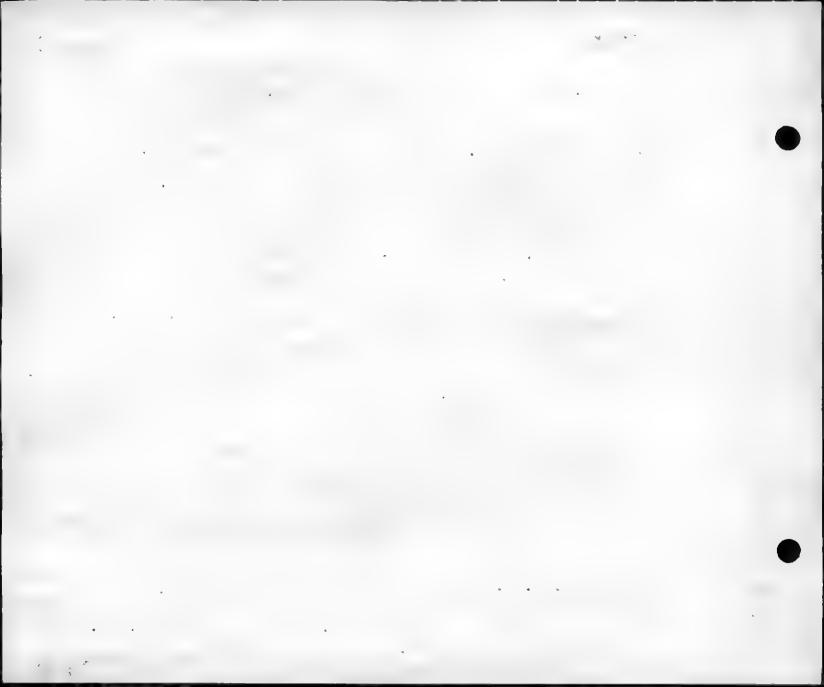
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TO NOSPITM. OR ATTENDING PRYSICAL: The law requires that the death certificate to axecuted within 24 haurs after

MARYLAND STATE DEPARTMENT OF HEALTH

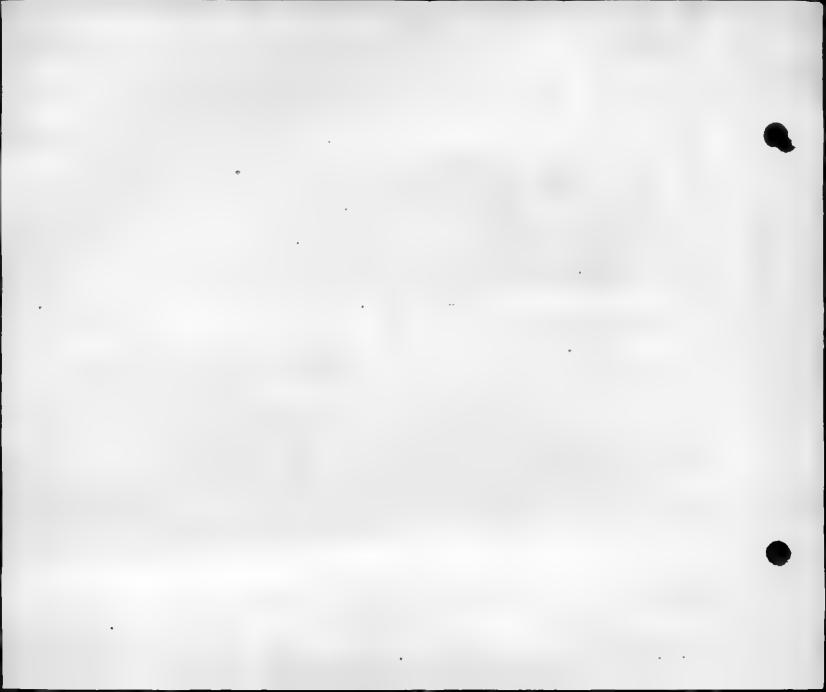
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OTORI	•	CERTIFICATE	OF DEATH		01820
PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	o. STATE	Where deceosed lived, if instituted b. COUNT	
b CITY OR TOWN (I write RURAL and	f outside corporate mits, give nearest town)	C. LENGTH OF STAY IN 16	c CITY OR TOWN (IF or	rtside corporate limits, write RJR/	Al and give nearest town)
	ll OR INSTITUTION (If not in hospitor lifornia Ave.	, give street oddress)	d STREET ADDRESS 3042 Cal	ifornia Ave.	0 IS RESIDENCE ON A FARM? YES NO 🔀
3 NAME OF DECEASED (Type or print)	RUSSELL	Middle FRANKLIN H	IARE	OF Feb. 2	19 67
s. sex	6 COLOR OR RACE 7 MARRIES White WIDOWES	ALTER AMERICA	9/1/1913	9 AGE (In years ost birthdoy) 53 yrs	Months Doys Hours Min
during most of working I Shipping 13. FATHER'S NAME	ite, even if retired)	KIND OF BUSINESS OR INDUSTRY & Nut Co.			12 CITIZEN OF WHAT COUNTRY?
1S. WAS DECEASED EVER	R IN U.S. ARMED FORCES? 10 (If yes give wor or dates of service)		NFORMANT	Addres	
	184		rginia Mi	nor Hare, wi	fe, above
PART I DEAT	ATH (Enter only one couse per une fi H WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO	freematic	Lecut de	reary we	ONSET AND DEATH
Conditions, if any, rise to immediate stating the under last	couse (e),	irthriti	rles me	3uffrer	y years
PART H. OTHER SIG	GNIFICANT CONDITIONS CONTRIBUTING				19 WAS AUTOPSY PERFORMED? YES NO [7
THE FITHER NOTIFY		DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Port I or Port I! of item 18)	
20t TIME OF INJU Hour o.m	Wh.	ile Not While no foct	CE OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (State)
saw the de	y that (I) (this haspital) atte ceased alive an ===================================				that (1) (we) la and an the date stated above
220. SIGNATURE	1. M. Bo	cow MI		MED. STAFF DIRECTOR PHYS	22b. DATE SIGNED 67
22c. PHYSICIAN S NAME (Type)	Dr. A. M. Ba	con	22d. ADDRESS 2810 1	Caylor Ave.	
230 BURIAL, CREMATIO REMOVAL (Specify)		23c. NAME OF CEMETERY OR Moreland Me		23d LOCATION (City or Town	
Schimune		22390GA	2So. REC	BY REGISTRAR 256 REG	SChooles Onder



CERTIFICATE OF DEATH 01826 Rea. Dist. No. 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) **6 COUNTY** Balto. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) e IS RESIDENCE ON A FARM? YES NO TE Month Day Year 28. February 67 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Doys Hours 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY USA Ida Stocksdale Address Reisterstown, Md. Harvey INTERVAL BETWEEN ONSET AND DEATH PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPS PERFORMED? YES NO D 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) 1962, that I last saw the deceased and that death occurred at R. M. from the causes and an the date stated above ADDRESS (Street, city or town, state) 22d LOCATION (City, town, or county) (State) Raltimore Md_{\bullet} 24b REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



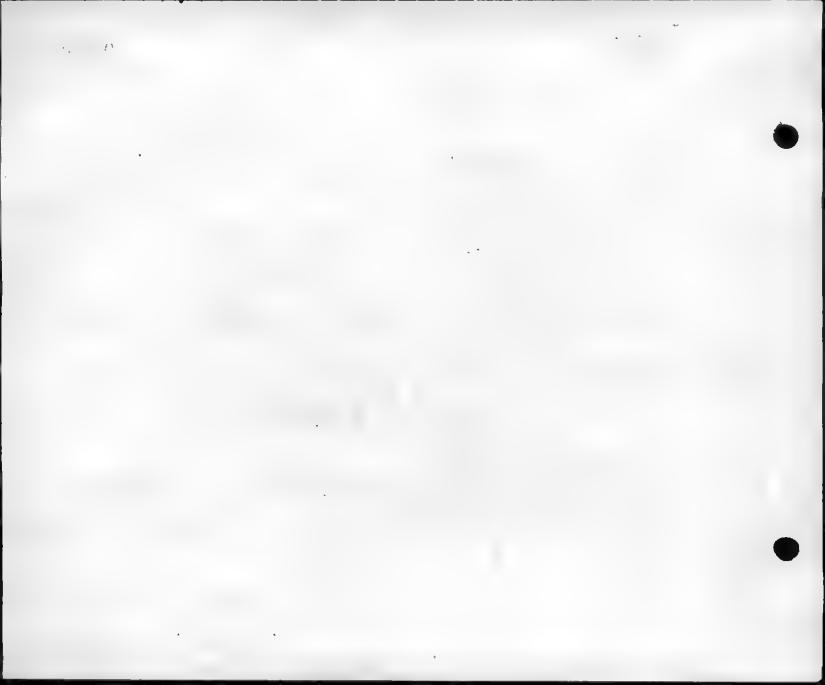
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01827 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) I. PLACE OF DEATH o. STATE o (OUNTY b COUNTY Baltimore Baltimore 'aruland MARYLAND b CITY OR TOWN (f outside corporate limits, C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA» and give nearest town) write RURAL and give nearest town) Monkton d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? arroll and Apontton Pds. Carroll and Monkton Rds. YES X NO 3 NAME OF Middle DATE Month First Dov Year OF DEATH DECEASED (Type or print) India /earce 19 6 IF JNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9 AGE (n years 7 MARRIED NEVER MARRIED X last b rithdoy) Months Dovs Hours August 6, 1886 DIVORCED WIDOWED remake 10b KIND OF BUSINESS OR 10a USUA, OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT COUNTRYISA during most of working life, even if retired) "INDUSTRY Maruland Juiden ladu Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Henry Harvey Laura Learce IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service Family rewrds None ione 110 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse last. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o.m. factory, street, office bldq., etc.) While Not While of work of work 196_40 21. I certify that (I) (this haspital) attended the deceased from M, fram causes and an the date stated above. 196 and that death accurred at/2 saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED M.D PHYS DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 70% NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION. DATE THEREOF (County) (Stote) 230 REMOVAL (Specify) 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR REGISTRAR & SIGNATURE **ADDRESS** 196

DATE

24 hours ofter de∎th ve corbon popers. Poges verent, within 72 hours after by the t .⊆ filled i PHY ICAM: The fow requires that the death certificate be executed within completely OVE remova permit. \overline{b} cremotion, burnal-transit þ signed buriof, as been os the prior to b ottending Pas State Dept. of Health certificate ò be retained by the hospital this be filed with the DIRECTOR: 8 Poge 4 may h FUNERAL director, should b 2

VR A15 (4) 20 M 1/66



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n and completely filled in by the irremove carbon papers. Pages 1 many event, within 72 hours after haurs physician in please reval, and in 5 c≡rt ≡≡ate the attending phy it permit. Then pration, or removal, dmath has been signed by the at as the burial-transit perm prior to burial, cremation, The law requirem that the or attending physician. for use Health this certificate I detached for use te Dept. of Health PHYSICIAN: be de State DIRECTOR. After tage 3 should be defined with the State OR ATTENDING be retained by TO FUNERAL DIRE director, page 3 should be filed w (4) VR A15

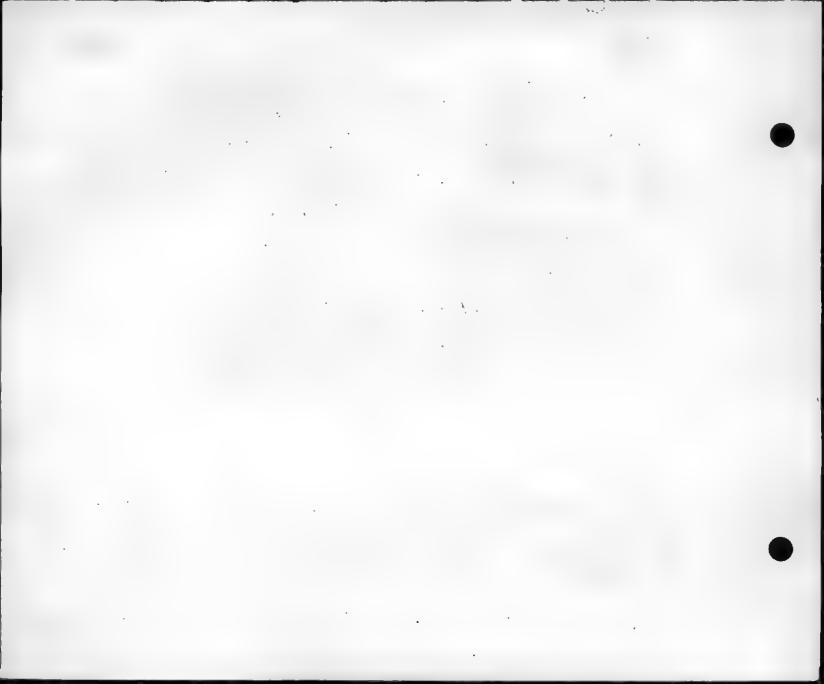
CERTIFICATION

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE DF DEATH 2. a. COUNTY Paltimore a. STATE Baltimore illarukand MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 6. IS RESIDENCE DN A FARM? d. STREET ADDRESS NO neensprin i Unive Greensprin YES DATE Year NAME DE Month First Middle 4. DECEASED DF aRue llavens DEATH (Type or print) ebruaru AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS. 6. CDLOR DR RACE SEX DATE OF BIRTH 7. MARRIED X NEVER MARRIED last birthday) Days Months Hours vole WIDOWED DIVORCED 12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) **COUNTRY?** during most of working life, even if retired) INDUSTRY Self New York elder- retired emploued 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Havens Helen Humphrei 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknwn) (If yes give war or dates of service) amily records None INTERVAL BETWEEN 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NO 🖊 2Da. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1) of Item 18.) (State) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 19 21. I certify that (II) (this hospital) attended the deceased from 18 that (I) Iwe) last saw the deceased alive on and that death occurred ab M, from the causes and on the date stated above. DA 22h. E SIGNEO 22a. SIGNATURE ATTENDING STAFF DIRECTOR PHYS PHYSICIÁN'S 22d, ADDRESS 22c. NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 4race+ Road Pariland OCREUSV Le. 25b. REGISTRAR'S SIGNATURE **ADDRESS** REC'D BY REGISTRAR FUNERAL DIRECTOR Burns Jons. LOUMOD.

20M



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in Anny event, within 72 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires tha‼ the death certificate be ememute≡ within 24 ≣ou≡ after death. Page 4 may be retains≡ by the hospital or attending p≣ysician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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OLOGA

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1	1.	PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
1		BP/TOMORE MARYLAND	a. STATE MARY ARIA D. COUNTY HO	WARDV
1		b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	
ı	1	write RURAL and give nearest town) ATOMSUITIE	Eller TT P.T.	
1		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	2	Shady Nock NURSING HOME.	382 Chapel VIEW RO	
1	3.	NAME DF / First / Middle	Last 4. DATE Month	Day Year
J		(Type or print) FRANCES C HI	945 DEATH FEB	4 19/7
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. /DATE OF BIRTH 9. AGE (In years IFUNDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.
ļ	F	EMALE WHILE WIDOWED DIVORCED	Nov12-18821 84 yrs.	
1	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ing most of working life, even if retired) INDUSTRY		TIZEN OF WHAT UNTRY?
		BETIRED SchooltEACHER	TENNA	
	13.		14. MOTHER'S MAIDEN NAME	
		UNKNOWN	UNKNOWN	
	15. (Ye:	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unknown) ((If yes give war or dates of service)	INFORMANT Address 3 8 2 Ch q 6	El VIEW Rd.
	,		PANCIS HOSKIN FILICO	IT Eity MY
		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: EAVEDINE AT	RREST	UNGET AND DEATH
		DUE TO	_	
		Conditions, if any, which On EAREINOM	AT0515	1 YR
		gave rise to immediate cause (a), stating the DUE TO	- BREAST	= Vn.
		underlying cause last. (c) EARCIDOMA		3 112
	101	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	FICA			YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	JAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
	MEDICAL	Wille I Mot While	ry, street, office bldg., etc.)	
	Z	p.m. 19 at work 21. I certify that (I) (this hospital) attended the deceased from	9-3 , 1960 to 2-14 , 196	That (I) (we) last
			death occurred at 128 M, from the causes and on the	e date stated above.
		22a. VIGNITURE	22b. DA	TE SIGNED
		that with mo	ATTENDING MED. STAFF DIRECTOR PHYS. 2	-16-67-
		22c. PHYSICIAN'S	22d. AUDRESS	
	1 1	NAME (Type)		
	i			
	23a	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or cou	nty) (State)
	23a	BURIAL GREMATION, 230. DATE THEREOF 23C. NAME OF CEMETERY PREMOVAL (Specify) 2-18-67 GREEN 140	OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
	23a	BUR. A (Specify) 2-18-67 GREEN 14	11 CEM NOHNSTEWN,	nty) (State)

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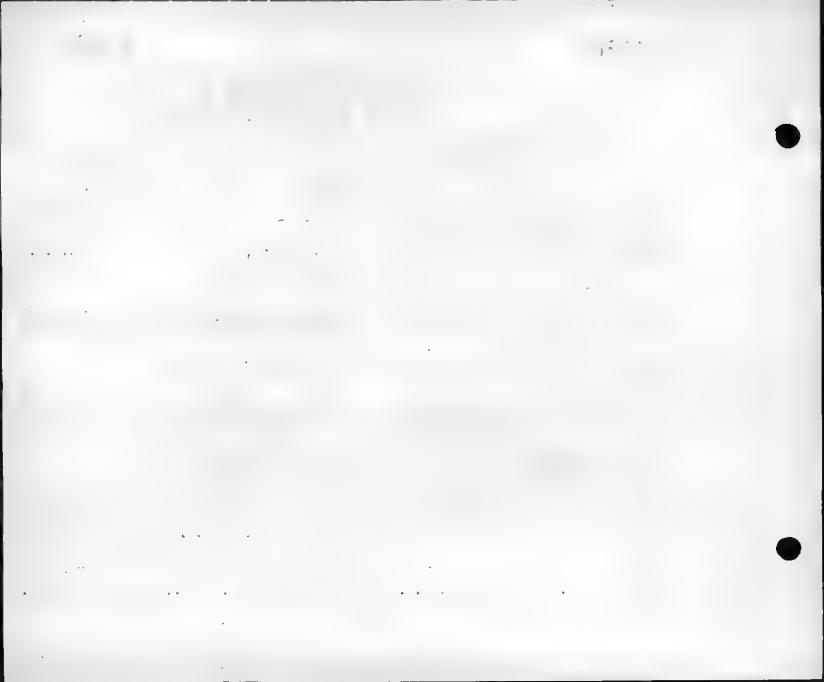
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ivision of STATISTICAL RESEARCH AND RECOI	RDS, 301 \	W. PREST	ON STREET,	BALTIMORE,	MARYLAND	21201	
CEDTIE	ICATE	OF DE	АТН		0	1001	# 41

	01830			CERTIFIC	ATE	OF DEATH			018	325	
1	PLACE OF DEATH					2 USUAL RESIDENCE (V	Where dec			before	odmission)
	o. COUNTY Relt	imore		MARYLA	ON	o. STATE Maryl	and	b. COUN	TY		1 4
	b CITY OR TOWN (I	foutside corporate mit	5,	c LENGTH OF STAY IN		C CITY OR TOWN (If ou		orote limits, write RUR	AL and give	neorest	town)
	write RURAL and	give negrest town)		10 months	2	Balti	more	21215		d	
		AL OR INSTITUTION (If It	nt in haspite		,	d. STREET ADDRESS	IIIOI C			8	IS RESIDENCE
		wood State				i .	Boxw	ood Road		YE	ON A FARM?
3.	NAME OF	Fr	rst	Middle		Last	4 DAT	E Month	1	Doy	Year
	(Type or print)	Isra	el	Jacob		HERTZBERG	OF DEA	rH 2		6	19 67
S	SEX	6 COLOR OR RACE	7 MARRI	ED NEVER MARRIED	k	B. DATE OF BIRTH		9 AGE (In years	IF UNDER I		IF UNDER 24 HRS
	Male	White	WIDOW	_		11-27-55		lost birthdoy)	Months	Days	Hours Min.
		(G ve kind of work done	105	. KIND OF BUSINESS OR	_1-	11 BIRTHPLACE (County	& Stote, or			ZEN OF V	TAHW
	ring most of working l	life, even if retired)		INDUSTRY		Baltimore			COU	NTRY?	J.S.A.
10	Dependent FATHER'S NAME			none		14. MOTHER'S MAIDEN		ryrand			/.D.M.
1											
17	Irving He	ertzberg RINUS ARMED FORŒS?		16. SOCIAL SECURITY NO.	17 (Esther Te	enenb	Addre:	C F		
(1)	es, no, or unknown)	(If yes give wor or dotes	of service)	IO. SOCIAL SECURITY NO.							
L	no			none	1	Rosewood_Rec	cords	. Owings 1	lills.		ryland
		e couse (o), ((o)(10(b)	Profount monge	ne Ne	tal Rtu	ind	ou jo si			EVAL BETWEEN
		SNIFICANT CONDITIONS		NG TO DEATH BUT NOT RELATE	D TO	THE TERMINAL DISEASE CON	NDITION G	IVEN IN PART I(o)		19 V	VAS AUTOPSY
NO.			ger					. ,		YES	ERFORMED?
CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	206	DESCRIBE HOW INJURY OCCU	IRRED.	(Enter noture of injury in	Port i or	Port II of item 18)			<u> </u>
MEDICAL	20c TIME OF INJU Hour o.m	10	W	d INJURY OCCURRED 21 thile Not While work		CE OF INJURY (Home, farm ory, street, office bldg., etc.)		(City or fown)	(Cour	ity}	(Stote)
	21. I certif	fy that (环(this ha	spital) att	tended the deceased fr	am			, ta 2-6	, 19 6	7, tha	rt (F (we) la
	saw the de	ceased alive an	- 2	2 <u>+61967_,</u> an	d tha	t death accurred at	8:54	<u> Maltroth</u> , causes ∈	and an th	e date	stated abov
	220. SIGNATURE-	D. G.	2Cy	Dreine	. M.I		MED. DIRECTOR	STAFF IZ	22b. DA	TE SIGNEI	
	22c. PHYSICIAN'S NAME (Type)	D. Crosh	y Gre	eene, M.D.		Rosewood	st.	Hosp., O	wings	Mil	ls, Md.
23	o BURIAL, CREMATIC REMOVAL (Specify	IN, 236 DATE TH	EREOF	23c MAME OF CEMETE	V	Le_		DOCATION (City or Tox		County)	(Stote)
2	4 FUNERAL DIRECTO	R. Living	C.	ADDRESS)4~:·-	DATE DATE	FEB	STRAR 255 REG 8 1967	GISTRAR'S SIG	CHARLE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending our scien and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, clease remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death. Page 4 may bill retained by the hisspital ar attending physician. VR A15 (4) 20 M 1/66

10 HOLFITH OR EXTENDING PHYSICAL: The law requires that the duath certificate be executed within 24 haurs after death.



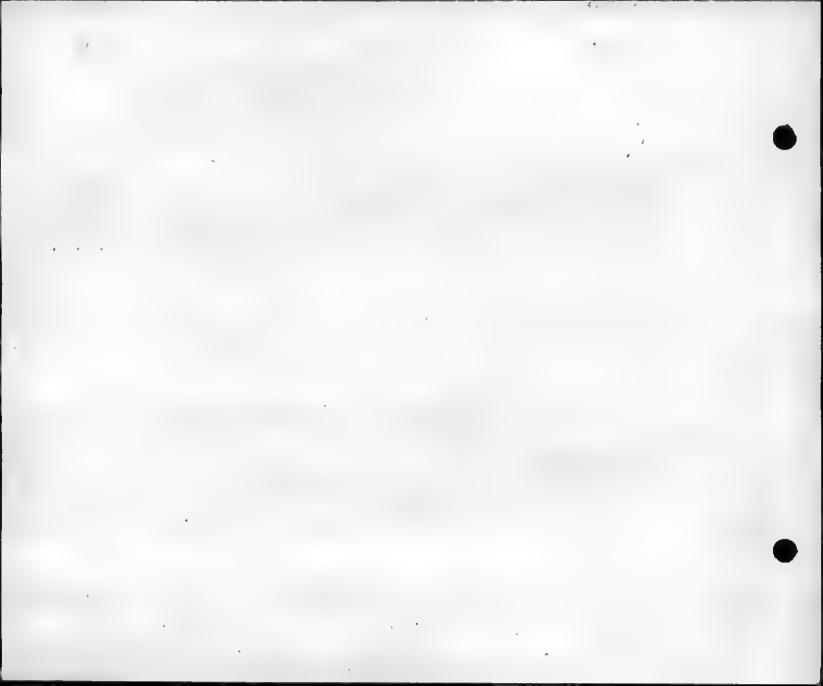
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS ,301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01831			CERTIFICA	ATE (OF DEATH			018	26
3 '	PLACE OF DEATH DEATH TOWN (I WELL RURAL ONC	Ce If autside corporate limit I give neorest town) LOWSON	is,	MARYLANG LENGTH OF STAY IN 16	D	o. STATE Maryland CITY OR TOWN (If our		b COUNT Baltim emits, write RURA	ore L and give	
ſ	NAME OF HOSPIT	at or institution (if natural Road	ot in haspital, give		d	Rural STREET ADDRESS	Pend	Towso	n	e IS RESIDENCE ON A FARM? YES NO
[NAME OF		int Enstell	Middle Le Hess	11	Glenarm	Road 4 DATE OF DEATH F	Month ebruary		Doy Year 19 67
5 5		6 COLOR OR RACE	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH	9 A	GE (In years ") ost birthdoy) 787 yrs.	IF UNDER 1	
10a duri	LSUAL OCCUPATION names to five it ng	I (Give kind of work done life, even if retired)		OF BUSINESS OR USTRY		Ba ltimo	& State, ar foreig	n country)	2 CIT 1 G OU	ZEN OF WHAT
13.	John Hes	S			1	4 MOTHERS MAIDEN N Mary Ann				
(Ye		R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)	17-51-9781	17 INFO	ORMANT		Addres	5	
ATION	Conditions, if any, rise to immediat stating the under lost PART II OTHER SIG	e couse (a), rlying cause	10 Infel 10 Piele	tricling C	exi V 6	elary vei	due vi	elata PPART 1(0)	uis	1 year
CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING	SUNDERLYING CAUSE OF DEATH	20b. DESCI	RIBE HOW INJURY OCCUR	RED /Ent		2 1 (2 10	-f. iv 10 \		
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)			iteb. (Em	ter noture of injury in l	PORT I OF PORT II	oi irem 16 j		
MEDICAL		MEDICAL EXAMINER) JRY Month, Doy, Yeor n.	20d INJU White at work	Nat While	PLACE (of INJURY (Hame, farm of street, affice bldg , etc)	, 20f. (C	of frem 15) Ity ar town)	(Coul	nty) (Stote
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OR ATTENDING PHYSICIAM: The low requires that the death certificate ${\mathbb R}_0$ elecuted within 24 homs after delith. attending physicion and completely filled in by the funeral ferming Then please remove corban papers. Pages 1-sad on or emovol, and in any event, within 72 hours after dealth TO FUNERAL DIRECTOR: After this certificate has been signed by the attendidirector, page 3 should be detached for use as the buriol-transit retraits should be filed with the State Dept. of Health prior to buriol, cremotion of Poge 4 moy be retained by the hospitol or ottending physicion. TO HOSPITAL

VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

IS RES DENCE ON A FARM?

INTERVAL BETWEEN

ONSET AND DEATH

19 WAS AUTOPSY

(County)

PERFORMED?

ond in my opinion

NO I

IF UNDER 1 YEAR

2 CIT ZEN DE WHAT COUNTRY?

Months

NO Z

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OR	ST	ATE	1		ି	1	8	3	2
ALI	TH \	DEPT.	1	Ī.	PLAC	E OF	DE	ĀTH	

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Office along with farm 8. Give Pages 1,

MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death

pending

writing the ward

please execute the certificate,

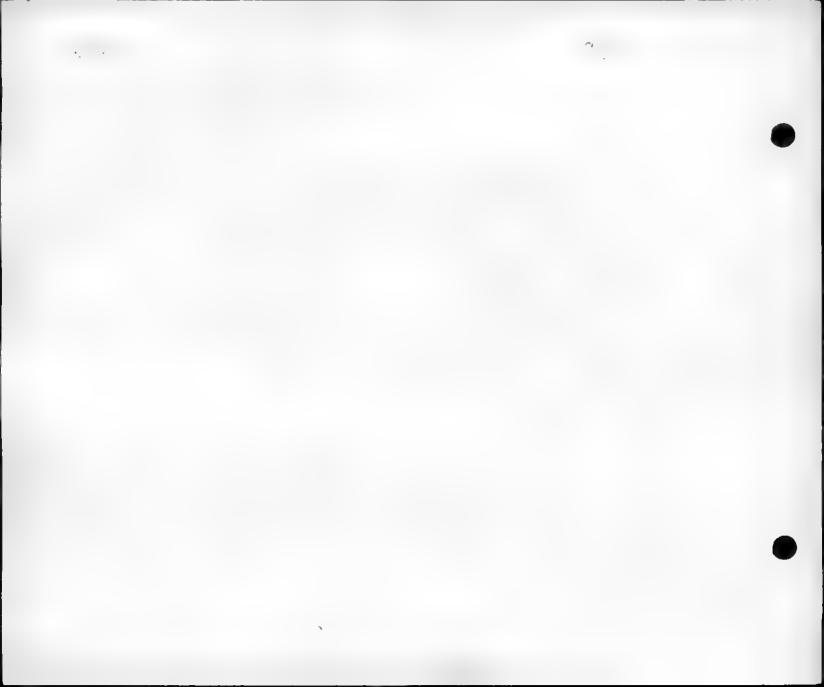
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and 2 with the State Department of

haurs after death.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) p. COUNTY o STATE MARYLAND b CITY OR TOWN (I outside corporate limits, CLENGTH OF STAY N 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) DUNDALK d STREET ADDRESS DUNDALK d NAME OF HOSPITA, OR INSTITUTION (I not in hospital, give street address) 7446 MARCH 3 NAME OF M.ddle DECEASED HICK MAN 9 AGE (In years last birthday) 6 Yrs S SEX 8 DATE OF BIRTH SEPT. 5, 1906 11 BIRTHPLACE (State or foreign country) 10o USUAL OCCUPAT ON (Give kind of work done 106 KIND OF BUSINESS OR during most of working life, even if retired) 120. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME AMOS 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) (If yes give wor ar dates at service) 17 INFORMANT 16 SOCIAL SECURITY NO 218-05-375 EMMA ABOUE UNK 18 CAUSE OF DEATH (Enter only one couse per line for (p), PART I. DEATH WAS CAUSED BY: (b), ond (c).) IMMEDIATE CAUSE (o) DHE TO Cand trans, if any, which gave to rise to immediate cause (a), DUE TO stating the underlying cause PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(o) 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of njury in Port I or Port II of term 18) PRIMARY CONTRIBUTING C CAUSE OF DEATH 20e PLACE OF INJURY (Home form 20c T Mt OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20f (City or town) Haur a.m. While Not While factory, street, office bldg.etc) of wark 2) Learlies that I have charge of the compiles described above held an Autonsy | Inspection |

10	CHITICA S HAME		14 WOTTER'S INVIDENTIAN	TIL.
	CHARLES HICKMI	91-	MARTHA	7 Amos
15	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, ar unknown) (If yes give wor ar dates af servi	16 SOCIAL SECURITY NO	17 INFORMANT	Address
	LINK	1 418-83-3155	EMMA HICK	man
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (g), (b), and (c).) $H-S-C-V$	- DISEASS	2
	DUE TO			
	Cand trans, if any, which gave (b)			
	stating the underlying cause DUE TO			
	lost. (c)			
HOL	PART I OTHER SIGN FLANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDIT	TION GIVEN N PART 1(0)
MEDICAL CERT F CATION	200 EXTERNAL CAUSE WAS PRIMARY C] or CONTRIBUTING []	206 DESCRIBE HOW INJURY OCCUPY	RED (Enter noture of njury n Por	t For Port II of Term 18)
9 1	CAUSE OF DEATH		1/4	
DICA	20c T Mc OF INJURY Month, Doy, Year Hour a.m.		PLACE OF INJURY (Home form foctory, street, office bldg, etc.)	20f (City or town)
展	p.m. 19	While Not While of work	toctory, street, office blug, erc.)	
	21 certify that I took charge of t	ne remains described abave	held on Autopsy .	Inspection [1] Inqui
	death resulted fram: Natural cau			
	α		CHIEF MEDICAL EX	
	ACTUAL SIGNATURE	TIBLEY	M D ASSISTANT MEDICA	
	EXTENSION OF O		DEPLITY MEDICAL E	XAMINER I
	EXAMINER'S M-B DAVIS	5 MD-6800 1	MURNIAMENTSTER	Watawa, or county /
23c	BURIA' REMATION. 23b DATE THEREOF		the state of the s	23d LOCAT ON IC by or Tow
	REMOVAL (Specify) CFR. 13 /	912 SACRED	HEART	BALTE.
24	FUNERAL DIRECTOR	ADDRESS	2So. REC'D B	Y REGISTRAR 25b. REG
	REMOVAL (Specify) BURITAL FEB. 13.1 FUNERAL DIRECTOR J. G. COMMELLE	Sadic ZOC	MACE DIFFER	1 4 1967
	J. D. Comme -	2012 200	MILTO DATE LD	1 1 1001



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the foreign director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1-and 1 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after debth.

TO INSTITAT IN ATTENBINE RHYTICIAN: The law requires that the Beath certificate be executed within 24 haurs after death

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67 01833

CERTIFICATE OF DEATH

01828

		0200	01000
		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. STATE A A
		MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16	C CITY OR TOWN (If outstack ordered limits, write RURAL and give nearest tow
		write ROTAL and give nearest town)	BAITIMATE
		d NAME OF/HOSPITAL OR INSTITUTION (If not in hosp-tol, give street address),	d. STREET ADDRESS e IS RESIDENCE
6	<u>6</u>	reater Baltimore Med-Conter	4308 Forestview Aug VIS IN
	1	NAME OF DECEASED First Middle	4 DATE Month Doy Year
	5	(Type or prof) Frecheric Arno (a) SEX 6. (QLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH 19 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS
	À	MALE CAU WIDOWED DIVORCED DI	1-10-1976 Gst byrthday) Months Doys Hours Min
		US_AL OCCUPATION (Give kind of work done ing masyof working life, even if retired) INDUSTRY Church	11 BIRTHPLACE (County & State, or foreign country) 12 C TIZEN OF WHAT COUNTRY?
	13	FATHER S NAME	14. MOTHERS MAIDEN NAME LOCAL LOCAL IONALISM ION
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.	INFORMANT Address
	(Ye	s, no, or phinosyn) (If yes give wor or dotes of service) 2/3-36-840 7776	Ev. Sohylze-Rospect Markuth aves
		PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
		MMED ATE (AUSE (o) DUE TO	1 - bulmmary
		Conditions, if ony, which gove) (b) assuration	preuntue of warting
		rise to immediate couse (a), stating the underlying couse (c)	9
	8	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
	FICATI	200 ACCIDENT WAS JNDERLYING ☐ 206 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Part II of item 1B.)
	MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(בוים הטיטיפ טו וחושיץ או רטור דטר רטיד וו טי זופווי ים)
	EDICAL	20c TIME OF INJURY Month, Doy, Year 20d .NJURY OCCURRED 20e PLA	CE OF IN JRY (Hame, form 20f (City or town) (County) (State) tory, street, office bldg., etc.)
	×	p.m. 19 of work of work	Total was
		21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 1960, and that	t death accurred at 6 MPM, from causes and an the date stated above
		220. SIGNATURE	22b DATE SIGNED
		- plantsuscua. M.	D PHYS DIRECTOR PHYS 2-11-6/
1		221 PHYSICIANS NAME (Type) MARIO B. (NES M.D.	22d. ADDRESS GBMC
	230	BURAL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR EMPT 2 2 2 Moreland Company of the Part 2 2 Moreland Company o	
	24	FUNERAL DIRECTOR 2-15-1967 Moreland Mer	
1	y	sassafragunya flor : "HOI B. laci A	DATE FFB 17 1967
		The second secon	7. · · · · · · · · · · · · · · · · · · ·



HYSICIAN OR HOSPITAL: The law requires that the death certificate be executed may be retained by the hospital or attending physician. **NSTRUCTIONS**

The bottom copy

VS A15C 1-55 1EM

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01834

I. PLACE OF DEATH	2. USUAL RESIDENCE (NOME) OF DECEASED	
COUNTY RAITIMORE MARYLAND	STATE MARAJA NO COUNTY Sail	1/MONE
CITY (If oulside corporate fimits, write RURAL LENGTH OF STAY	CiTY (If outside corporate limits, write RURAL and give neare	st fown)
OR and give pagest town) (in this plece)	TOWN CHARDENES POLL TIC	
J DURKNIUS FEIN	SUPURIOUS WIN !!	1
HOSPITAL OR INSTITUTION OR	STREET (If rurel give location)	
STREET ADDRESS QC 7 J SMER	867 STreet	? ()
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Day) (Year)
DECEASED DONLOUS IN	I . I I OF A.	A
(Type or Print) KLK / YCLM //V	DEATHEBUREN	24 196/
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE OF		
// / / / / / / / / / / / / / / / / / /	16/10/10/10 7 Hyrs. 7	Days Hours Min.
10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (Stelle or foreign country) 12.	
done during most of working life, even if OR INDUSTRY	H	COUNTRY?
refired STEEL WORKER STEEL PLANT	NURTH CANCLING	W15.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Joe Hill	Hones Hill	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17, INFORMANT & ADDRESS	
(Yas, no, or unk.) (If Yas, give wer or dates of service)	11 12 Dan	Cleant
NO 213-01-0541	MANIE HIII 801	. Sike
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH
CAMP WALL AND AND		1.70
		1024
ANTECEDENT CAUSE(S) DUE TO	484	3de
DISEASES OR CONDITIONS, IF ANY, (B)	77.0	- Taring
STATING UNDERLYING CAUSE LAST, DUE TO	4.	1
(c) Cap CINAME	Lung	43.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	0	/
DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		ZO, AUTOPSY?
	`	YES NO
216 ACCIDENT WAS UNDERLYING 216 PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.] (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County	(Steta)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	2H. HOW DID INJURY OCCUR?	
M. at work at work		
	and & East water 24 and 7	
22. I hereby certify that I attended the deceased from : Skokmber	- 533" et	
alive on FCD744 47 17 19 6 1, and that death occurred at.		above.
SIGNATURE	ADDRESS (Ştraat, city, town, stata)	DATE SIGNED
1 William C. Hoxe, M.O. 14	10 Oak Ave Sundal Kon	ml 2/24/
23. BURIAL, CREMATION, DATE THEREOF I NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	(S)ate)
REMOVAL (SPECIFY)	1. 11 11	1/1/
Burial 10 28 6/ Hirbatas 1	em inri- Hrinta	3 101 .
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	DDRESS
DATE FEB 20 1961 Judge	Morfers Dy-HF, H 174	LAUFINS

× 1800



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01836 CERTIFICATE OF N1831 deoth. executed within 24 haurs after death the funeral 1 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institutions: Residence before admission) o. COUNTY b COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 corporate limits; write RURAL and give nearest town) write RURAL and g ve nearest for OAC Ξ. -d. NAME OF HOSPITAL OR NSTITUTION (If not in hospito, give street oddress) S RES DENCE ON A FARM? d. STREET ADDRESS n 72 NO 🔀 YES 3. NAME OF Year completely DECEASED OF 13 (Type or print) DEATH S SEX 6. COLOR OR RACE 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED DATE OF BIRTH lost birthday) Months Days Hours WIDOWED DIVORCED (G ve kind of work done 12 CITIZEN OF WHAT BIRTHPLACE (County & State, or foreign country) ease COUNTRY ? 13 RATHERS NAME 14 MOTHER'S, MAIDEN NAME removal, OR ATTENDING PHYSICIAN: The law requires that the death cer WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INEORMAN Address (Yes, no, or unknown) (if yes give wor or dotes of service) 5 18 CAUSE OF DEATH (Enter only one couse per linesfor (o), (b), and (c)) NTERVAL BETWEEN by the PART I DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO signed Conditions, if ony, which gove rise to immediate couse (o), DUE TO tar use as the l Health priar ta b stoting the underlying couse ths certificate has been los# WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20a ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f (C by or town) (County) (Stote) Hour om foctory street, office bldg . etc.) Not While After of work 21. I certify that (1) (this haspital) attended the deceased from 2-10 1967 to 2-13 1962, that (1) (we) last be retained 1967, and that death accurred at 220 P. M. fram causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an 22o 5 GNATURE 22b DATE SIGNED M D PHYS DIRECTOR PHYS director, page should be filed eq 22d ADDRESS 22c. PHYSICIAN'S O HOSPITAL HENRI T. VOORSTAD G. B.M. C NAME (Type) 23d. EOCATION (City or Town) 230 BURNAL CREMATION NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR 259 REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE



TO FUNERAL DIRECTOR: After this certificate has been sign≡d by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Dept. af Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death/

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

I		0400	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CEDTIFICATE	OF DEATH	,	
/		01837		CERTIFICATE	OF DEATH		01832
	1 1	PLACE OF DEATH			2 USUAL RESIDENCE (V	Yhere deceased lived, if institution	on. Res dence before admission)
		COUNTY Baltimare		MARYLAND	O. STATE	nd (166	estany
	·	CITY OR TOWN (If outside corpor		c LENGTH OF STAY IN 16		tside carparate + m ts, write RJR	AV and give injurest town)
		write RURAL and give nearest to		4-Vrs. 10 Mo.	Frosthi	100	
	(NAME OF HOSPITAL OR INSTITUTI		give street address)	d. STREET ADDRESS	y	e IS RESIDENCE ON A FARM?
^		Bonnie Blink	Masonic	Home	78 Mec	hanic Stree	
		NAME OF L	First	Middle	Last	4 DATE Month	1
		(Type or print) Uqne		Hotch Kiss		DEATH Februa	ary 3 1967
	S	SEX 6. COLOR OR I			DATE OF BIRTH	9 AGE (In years last birthday)	Months Days Hours Min.
	$\overline{}$		e WIDOWED	DIVORCED		1884 80 Yrs.	
		USUAL OCCUPATION (Give kind of wing most of working life, even if retire		ND OF BUSINESS OR DUSTRY	11 BIRTHPLACE (County	& State, at fareign country)	12 CITIZEN OF WHAT COUNTRY?
		-	119		Longcor		
	13	FATHER S NAME			14 MOTHER S MA DEN N	NAME /	•
		eter Mc Farla	ind		Vanet	Muir	
		WAS DECEASED EVER IN U.S. ARMED s, ng, grunknawn) [(f yes give war i		SOCIAL SECURITY NO 17 II	FORMANT	Addres	Don't is
	1.0	No	2	14-14-7972	records o	of Md. mas	sonichome Coekeyson
	П	18. CAUSE OF DEATH (Enter only		(o), (b), and (d)		pollwollen	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIAT	E CAUSE (o)	when free	and y	1000000	
	П	W	DUE TO 2	alits Met	leter		4 well
	П	Conditions, if any, which gave nise to immediate cause (a),	(b) 5			-18	
	Ш	stating the underlying cause (DUE TO 3 SX	in alisten	relorder	y of where	
		last.	(c)			<u>/</u>	
A	8	PART F. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
	ISI		T and an	control them will be account.			YES NO
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEA		SCRIBE HOW INJURY OCCURRED. (Enter nature at injury in I	Part I or Port II at item 18.)	
i	AL C	(IF EITHER, NOTIFY MEDICAL EXAMIN		Hiny occupant	t or william to	800 (6)	15
	MEDICAL	20c. TIME OF INJURY Manth, Day Hour o.m.	While		E OF INJURY (Hame, farm ry, street, office bldg., etc.)		(County) (State)
	~	p.m.	19 at work		-1/16/1	0 (1/2 3	10/////////////////////////////////////
		111	7 -11/ 7	ded the deceased fram 77	death accurred at	1 10 Earl 5	, 19 <u>67</u> , that (I) (we) las and an the date stated abave
		saw the deceased alive	an Action	17 🗷 Z., unu mui	dealli accorred al	Zim, num tuoses t	22b. DATE SIGNED
		lanc	Hin H	AMED. MO	ATTENDING PHYS	MED. STAFF DIRECTOR PHYS.	Fell 3 1967
		22c. PHYSICIAN S	111		22d ADDRESS	- 4	17 () / ()
		NAME (Type)	SHID F	AMED.	MASON	IL HOME	
	23a		DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Tow	vn) (Caunty) (State)
1		REMOVALISpelity) 2-6	-67	Alleghany C	emetery-f	Frostburg, N	1 ary land
٦	24	FUNERAL DIRECTOR		ADDRESS	2Sá REC'D	BY REGISTRAR 25b. REC	GISTRAR S SIGNATURE
1		Wm.Cook-Brooks	Towson, T	owson, Md. 212	04 DATE FF	FR 6 19\$7	my mules Judge

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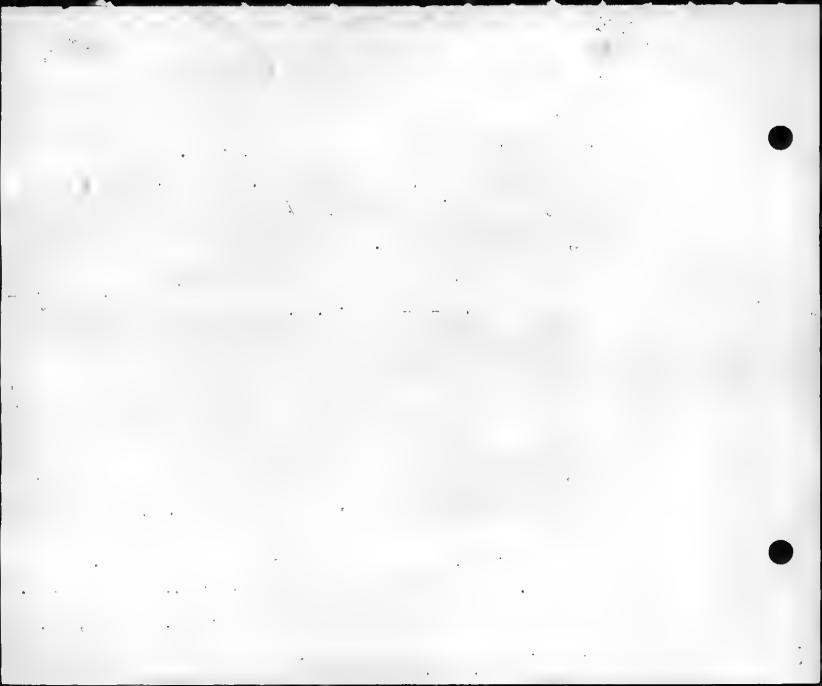
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH the funeral ges 1, and 2 after death. 1. PLACE OF GEATH USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) e. COUNTY b. COUNTY after ORC MARYLAND CLY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) I completely filled in by I ove carbon papers. Page y event, within 72 hours a Page Wy 0 131 r s d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 05 NO X and completely remove carbon p NAME OF 3. First dskyLast DATE Month Day Middle Year DECEASED OF (Type or print) DEATH 19 execute. SEX 6. COLOR OR RACE AGE IF UNDER 1 YEAR IF UNDER 24 HRS in years 7. MARRIED X NEVER MARRIED clast birthday) Months Days Hours in any Jan WIDOWED DIVORCED ding physician a Then please re removal, and in 10b. KIND OF BUSINESS OR INDUSTRY 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12, GITIZEN OF WHAT certificate be during most of working life, even if retired) Maryland 13. FATHER'S NAME er 14. MOTHER'S MAIDEN NAME Anna Troch Franck Hradsky 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address has been signed by the attent as the burial-transit peronti-prior to burial, cremations of The law requires that the denth (Yes, no, or unknwn) | (If yes give war or dates of service) ***** 3-01 Fami INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: or attending physician. monte IMMEDIATE CAUSE (a DUE TO rusth Cenditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health p TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for use should be filed with the State Dept. of Health PERFORMED? YES NO [CERTIFII the hospital 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part | of Item 18.) OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) Hour a.m. While Not While a.m. at work at work retained مهينتكس 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred at 10 mm, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED 9 ATTENDING MED. STAFF PHYS DIRECTOR DSTITAL 4 may PHYSICIAN'S NAME (Type) BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Ho1v Redeemer Balto Md Cem 67 Buria FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



,	1			MARYLAND STATE DEPARTMENT OF HEALTH
2	. =0-			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
Posth	be executed within the party area dearth sician and completely filled in by the funeral lease remove carron papers. Pages 1 and 2 and In any event, within 72 hours after-death.	8.5	L	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission as STATE b. COUNTY b. COUNTY
offer	the t	[883]	-/-	MARYLAND Md DALIO
0 941	Page urs			Write RORAL and give nearest town)
×	ers.		_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDEN
•	y fill	10		619 HORM CREST Rd 619 HORNCREST RX YES NO
aldtim bothovo	pletel arron it, with		3.	NAME DF DECEASED (Type or print) E First MILTOR Middle HUETER SR DF DEATH FEB Day Year 19 6
Port	ove c		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24H last birthday) Months Days Hours MI
	rem rem n any		102	USUAL OCCUPATION (Give kind of work done) 10 br MND DE RUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 1.12. CITIZEN OF WHAT
a descriptions	hysician please r		dur	ng thest of working life, even if retired) thibus/RY To be I MARY AND
90 0 15	phy can play		13	FATHER'S NAME
4			15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
4700	the atternition, or		(Ye	s, no or unknown) (If yes give war or dates of service) 2/3-c1-2263 LILLIAN & HUETER SAME
3	or attending physician. or attending physician. ate has been signed by the affer- use as the burial-transit permit safth prior to burial, cremation, o			18. CAUSE OF BEATH (Enter only one cause per ane felt (a), (b), and (c).
4 404	physician, in signed by burial-trans			IMMEDIATE CAUSE (a) LIVING WISCOUR CONTROL CON
	physic physic r sign burial burial			Conditions, If any, which (b)
	ling parties been the brown to b			gave rise to immediate cause (a), stating the DUE TO
3	has as as		NO	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
			ICAT	PERFORMED YES NO
TATAL	cert cert ned t. of		CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PLIVE	the detacle		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not while
5	After Stat		ME	p.m. 19 pat work at work
TENT	tained by TOR: After Should be Stal			21. I certify that (I) (this hospital) attended the deceased from
	三日			P2a. SISNATURE) 22b. DATE SIGNED / 1
	may Ferrange Page filed			22c, PHYSICIAN'S / 22d, ADDRESS ()
1000	선수 없 유규	New York		NAME (Type) YV, LLIAM UC. HeLTRICK 300 to Roland Con Ballo 10, Mix
5 C	Page Page TO FUN direct should		23	REMOVAL (Specify) 2-9-67 DULEN CALLERY VALLER 23d. LOCATION (City, town or county) (State)
		P	图4	FUNERAL DIRECTOR CONTROL OF SUPERAL DIRECTOR OF REGISTRAR'S SIGNATURE
	VR A15 (4)	N	1	1175. T. Evans Took good 11711 Det FEB 14 1967 Gillarley Judy





MARYLAND STATE DEPARTMENT OF HEALTH

			Division of STATIS	TICAL RE	SEARCH	AND RECO	RDS, 30	W. PRESTON	V STREET	I, BAL	TIMORE, MARYI	AND 21	201		
_		0184	i.			CERTI	FICATI	OF DEA	TH			0	183	36	
		PLACE OF DEATH							DENCE (Wh	ere dece	osed lived, if institut		nce befor	e admissio	n)
		o COUNTY Ba	altimore			IAM	RYLAND	O. STATE	/larv	land	b (0U)	Balt	imo	re	
			If outside corporate limit	S	c. LE	NGTH OF STAY	IN JP				rate limits, write RU	RAL and gr	re neares	t tawn)	*
		WILLS KOKAL OR	d give necrest town)	28	1:	month		Balti	more						
		d NAME OF HOSPI	TAL OR INSTITUTION (If no	at in baspi	al, give str	eet address)		d STREET ADDR	RESS					e IS RESIE	DENCE
			the Pines 1	Vurs	ing H			2830 F						YES	NOX
		NAME OF DECEASED	Fı	rst		Middle		Lost		4 DATE OF	Man	th	Day	Yes	ar
		(Type or print)	Amy		lma		Irel			DEAT			2 24 F 4 Ph	196	
	5		6 COLOR OR RACE	7. MARR	S-mall	NEVER MARRI		8. DATE OF BIRTH			9. AGE (n years last birthdoy)	Months Months	Doys	IF UNDER	Min.
		emale	White		TED X	DiVORC	ED	5-16-18			- 1''	10.6	ITIZEN ÓS	MHIAT	
	10a duri	i. USUAL OCCUPATIO: ing mast af working	N (Give kind of work done life, even if retired)	110	INDUSTRY	BUSINESS OR			, ,		foreign country)	(1)	ITIZEN ÖF Duntry?		
		Sales	woman								aryland	US.	<u>A</u>		
	13.	FATHER'S NAME						14. MOTHER'S A	AAIDEN NA	WE					
			us O.Robii					Ellen	•	•			. 1 1		- 1 1
	15 (Ye	WAS DECEASED EV (ss. no. or unknown)	ER IN U.S. ARMED FORCES? ((If yes give war or dates o	of service)		SECURITY NO		INFORMANT				ess Lin			-
	Ù.	NO			214-1	4-749	9 A1	ma Dors	sey-	702	E.Maple	Rd.N			
		1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)). PART I DEATH WAS CAUSED BY									ERVAL BET SET_AND D				
			MMEDIATE CAUSE		Lazl	alse	Ca.	2) Dec					-	22	
		Conditions, if only	DUE	10 /7-			4.77	8 4 2	hara .				1	7 =7 =	
		rise to immedia	te couse (a)	(b) \(\int 28	rein	With the	12/	milesto	بلهوس	2				72	
		stating the unde	DUE	10			U							U	
		last.	7	(c)	UD 70 DE 1	TIL BUT NOT BU	PI LTCD 7A	THE TORIGINAL CAPE	ALCO COND	ITAON CI	UPALIAL DARY 1/_)	· · · · · · · ·	110	WAS AUTO	70CV
	CERTIFICATION	PART II OTHER S	IGNIFICANT CONDITIONS (ONIKIBUTI	NG TO DEA	H BUI NOI KI	ELAIED IU	THE TERMINAL DISE	EASE COND	IIIQN GI	VEN IN PAKT I(G)			PERFORM	ED?
	DIJI	20a ACCIDENT WA		20!	DESCRIBE	HOW INJURY	OCCURRED.	(Enter noture of II	njury in Pa	rt 1 or P	art II of item 18.)				-
			G (CAUSE OF DEATH MEDICAL EXAMINER)												
	WEDICAL	20c. TIME OF INJ Hour o.	URY Manth, Day, Year		d INJURY (OCCURRED Nat While		ACE OF INJURY (Hor tary, street, office b		20f	(City or town)	{Co	ounty)	(State)
	ME	p.	m. 19	at	wark 🗀	ot work L]								
		21. I cert	ify that (1) (this hos	pital) at	tended th	he deceased	d from_	1-25	, 19	67	10 2-28	, 19	42, 1	rat (1) (we) las
			leceased alive on_	24	27-	_19 6 Z_,	and the	at death occur	red at %	13/	M, from causes		201		above
		22g. SIGNATURE	11.6	1/				ATTENDING		LED.	STAFF C	22b. I	DATE SIGN	ED	
M.D. PHYS. DIRECTOR PHYS.								PHYS. L	1						

2Žc. PHYSICIAN S NAME (Type) 230 BURIA, CREMATION, REMOVAL (Specify) Burial

23b. DATE THEREOF 3-3-1967

23c NAME OF CEMETERY OR CREMATORY Lorraine Cemetery 23d. LOCATION (City or Town)

(County) (Stote)

Q4 (FUNERAL Armaccin00 Liberty Hghts Avenue sworth

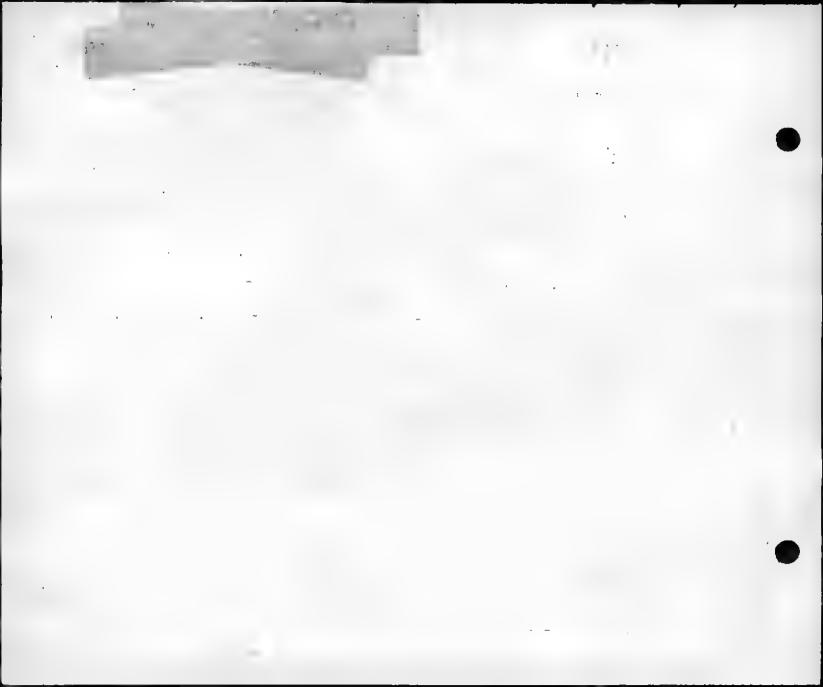
Baltimore, Maryland
2Sd. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
DATE MAR 2 1967

VR A15 (4) -

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any exemply within 72 hours after deaths.

TO HOSPITAL OR ATTENDING PHYSICIAN: The tow requires that the duoth certificate be executed within 24 haurs after Ilnoth

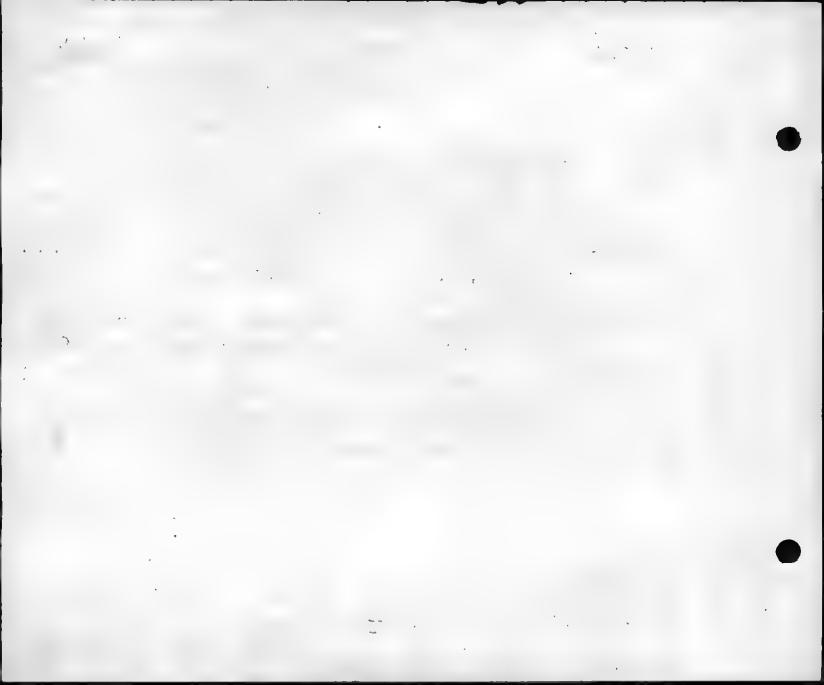
Page 4 may be retained by the haspital or attending physician.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b. COUNTY o. COUNTY Maryland Cecil Raltimore MARYLAND executed within 24 haurs after b CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Owings Mills 21 yrs. Port Deposit papers. ,⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? campletely filled (bon pap YES NO SAY Rosewood State Hospital 3. NAME OF Middle Lost 4. DATE Month DECEASED OF JACKSON 67 event, (Type or print) ιονεται! Lee DEATH Barbara 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH lost birthdoy) Manths Doys 2-26-41 Hours in any WIDOWED DIVORCED White Female rem 12 CIT ZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 SIRTHPLACE (County & State, or fareign country) requires that the death certificate be physician c COUNTRY? during most of working life, even if retired) INDUSTRY puo U.S.A. Rising Sun, Maryland Dependent

13. FATHER'S NAME none 14. MOTHER'S MAIDEN NAME or remayal, Mary Alice Yocum Howard Dennison Jackson, Jr. attending p IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, ar unknown) (If yes give war ar dotes of service) Rosewood Records, Owings Mills, Maryland signed by the atter burial-transit permit burial, cremation, o none INTERVAL BENWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED 8Y Provide ON Eumonia IMMEDIATE CAUSE (o) attending physician. DUE TO Canditians, if any, which gove nse to immediate couse (o), DUE TO stating the underlying cause as the has been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO. certificate be retained by the naspital ar ā 20g. ACC, DENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port 11 of item 18.) letached f Dept. af l OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (State) 20c TIME OF INJURY Month, Day, Year (County) 10 FUNERAL DIRECTOR: After this factory, street, office bldg .etc) Hour om. Not While ATTENDING of work at work 19 45 to 21. 1 certify that (N (this hospital) attended the deceased fram_ 8-15 2-27 19 67, that AF (we) last filed with the 1967, and that death accurred at 10:00M, from causes and an the date stated above. saw the deceased alive on 220. SIGNATUR DATE SIGNED M.D. PHYS DIRECTOR PHYS directar, page shauld be filed TO HOSPITAL Page 4 may k 22d ADDRESS 22c PHYSICIAN'S NAME (Type) nsew **SURIAL CREMATION** NAME OF CEMETERY OR CREMATORY LOCATION (City of Town) (Stote) (County) REMOVAL (Specify) 24 FUNERAL DIRECTOR BY REGISTRAR 2Sb VR A15 (4) 20 M 1/66 010

MARYLAND STATE DEPARTMENT OF HEALTH



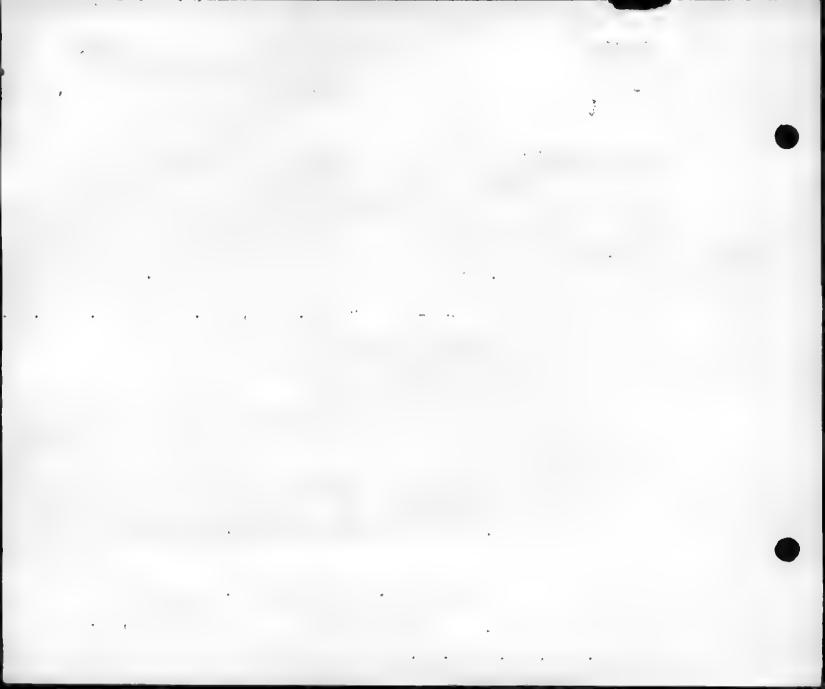
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		01843			CERTIFI	CATE	OF	DEATH			01	238		
-	É	PLACE OF DEATH S. COUNTY Baltimore b. CITY OF TOWN I	f autside carparate i mi	łs	MARYL		a. Si Mar	vland		sed lived, if institu b. CO ite i mits, write R	UNTY		1	n)
	1	write RURAL and	give nearest town)				Bal	timore ET ADDRESS			olone and g.		,	VEN. CE
,			h Hospital	ar in haspirai, g	,ve street dogress)				uapin	Parkway	·		ON A FA	NO X
	i	NAME OF DECEASED (Type or print)		yme	Virginia			lost DGBR	4 DATE OF DEATH	Mo Feb	ruary	Day 20		
	5. 5		6 COLOR DR RACE White	7 MARRIED WIDOWED	NEVER MARRIED		DATE	of BIRTH ry 23,1	9		F UNDER Months		IF UNDER Haurs	
	durii	ng mast af warking Iomemaker	(Give kind of work dane life, even if retired)		OUSTRY		Pe	THPLACE (Caunty	nia	reign country)		ITIZEN OF DUNTRY?		
	13.	FATHER S NAME	William	H. Star	ıffer		14. MO	THER'S MAIDEN I	NAME	Emma S	. Zieg	gler		
			R IN U.S. ARMED FORCES? (If yes give war ar dates	of an outside	OCIAL SECURITY NO. 9-42-0483		forma es (h, 15	W. Mulb	erry S	St. I	3alto	. Md
		PART I. DEAT Conditions, if any, rise to immediat stating the under	which gave a cause (a),	(a) Pu	(o), (b), and (c).) lmonary eml reinoma of			um.					ERVAL BĒTĪ SET AND D	
1	MOIN	PART II OTHER SI	GNIFICANT CONDITIONS	(c)CONTRIBUTING TO	O DEATH BUT NOT RELA	TED TO TH	E TERMI	NAL DISEASE CON	NDITION GIVI	N IN PART 1(a)			WAS AUTO PERFORME	PSY ED?
	MEDICAL CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED (E	nter nat	ure of injury in	Part I ar Par	t II of item 18)			Les	
	MEDICA	20c TIME OF INJU Hour a.a p.a	10	20d IN While at wark	- Nat While -			JRY (Hame, farm , affice bldg., etc.)		(City ar town)	(60	ounty)	(!	State)
		21. I certi saw the de 220 SIGNATURE	fy that N (this ha	spital) attend 2/20/	led the deceased to 19.67, a	nd that	death	accurred af	19_67, t 12:15A P. MED. DIRECTOR	A, from couses		the dat	e stated FD	abave
dated of		22c PHYSICIAN'S NAME (Type)	Lawrence	F. Mise	anik, M.D.		22d	. ADDRESS		Towson,				=27
1	23 a	BURIAL, CREMAT D			23c NAME OF CEMET Druid Ric		EMATO	ł y		CATION (City or I Baltim	own)	(Caunty		rate)
1		FUNERAL DIRECTO			ADDRESS Md. 212	14			BY REGISTE		REGISTRAR'S		_	in h

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phystratic and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death:

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The lam requires that the lleath certificate be executed within 24 liburs after aleath Page 4 may be retained by the haspital or attending physician

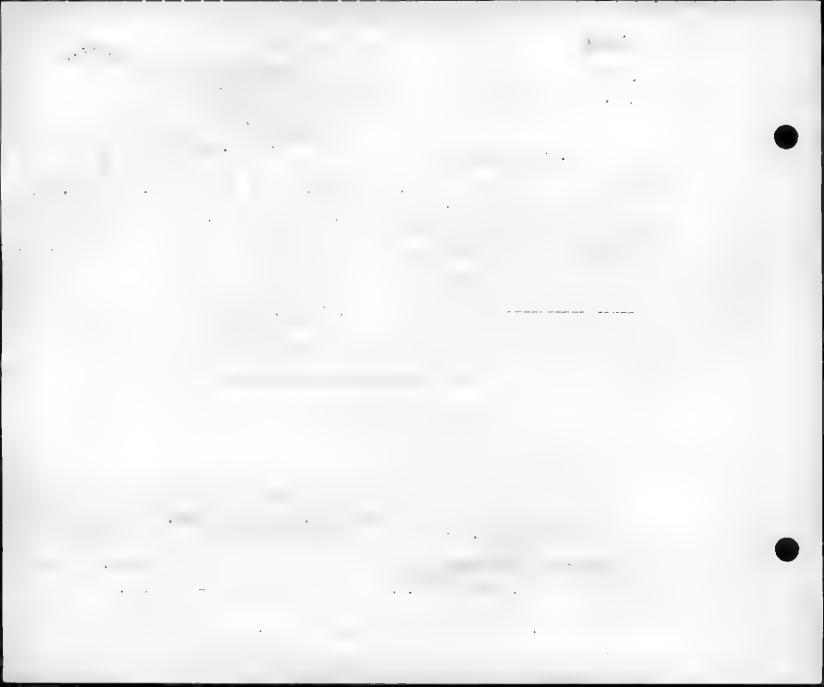


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	4244	-		CLATIT	CAIL	OI DEATH						
1.	PLACE OF DEATH					2 USUAL RESIDENCE (Where deceased liv			e before o	dmissioi	n) 🕝
	o. COUNTY	Baltimor	e	MARYL	MD	o STATE Max	yland	P CON	ТУ		-	4
	b. CITY OR TOWN (If outside corporate limit	ts.	C. LENGTH OF STAY IN		c. CITY OR TOWN (If or		nits write RUR	AL and give	negrest to	wnl	
	write RURAL on	d give negrest town) WSON	,	16 day			timore		21.21	_		
-		AL OR INSTITUTION (If n	iot in hospital, a	Ive street address)		d. STREET ADDRESS			-11		S RESIDE	ENCÉ
		St.Joseph				d. STREET ADDRESS 200	7 E. 32r	d Stre	et		ON A FAI	RM? NO 🔲
3.	NAME OF	F	itst	Middle		Lost	4 DATE	Month		Doy	Уеаг	r
	DECEASED (Type or print)	Fri	eda	M.	Jo	hanns	OF DEATH	Feb.		20.	196	7
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH		(In years birthdoy)	IF UNDER 1		JNDER TOLIS	24 HRS. Min
	Female	White	WIDOWED	DIVORCED		4-21-91	75	Yrs.	MOTHES	DOIS 1	10.012	म्तात
		(Give kind of work done		ND OF BUSINESS OR		11 BIRTHPLACE (County	& State or foreign	country)		ZEN OF W		
αU	ring most of working Homemake		Ow	DUSTRY In Home		Germany			(00	NTRY?	U.S	.A.
13	FATHER'S NAME					14. MOTHER'S MAIDEN						
			Geschw	endt		Margare	t Otte	n				
		R IN U.S. ARMED FORCES	f + b	SOCIAL SECURITY NO.		NFORMANT		Addres				
(1	no	(If yes give wor or dotes	21	3-32-2858B	Mr.	. Karl F. J	ohanns,	Same a	as # 2	2		
	18 CAUSE OF D	EATH (Enter only one co	use per line for	(o), (b), ond (c).)							AL BETY	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(6) Co	ngestive He	eart	Failure				ONSET	AND DE	EATH
			10									
	Canditions, if any		(b) Ar	terioscler	atic	Heart Dise	866					
	nse to immediate		10									
	lost)	(c)									
2	PART II. OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN	PART 1(o)		19 W/	AS AUTOI REORMEI	PSY
ATTO			Di	abetis Mel	llit	ນຮ				YES		NO 3
CERTIFICATION	200. ACCIDENT WA					Enter noture of injury in	Port I or Port II a	item 18.)				
GR		MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJ	URY Month, Day, Year				E OF INJURY (Home, form		y or town)	(Cou	ntγ)	(5	itote)
MEC	Hour o.	10	While of work	Not While of work	tocto	ory, street, office bldg, etc.)					
	21 certi	fy that (I) (this ha	spital) attend	ded the deceased f	ram	Feb. 4 b	1967 , to 1	eb. 20	¥0, 196	Z, that	(I) (v	ve) las
	sow the d	eceased olive on_	Feb. 2	O 10 1967 , or	id that	death accurred of	11:15% fro	m couses o	ond on th	e date :	toted	obove
	220. SIGNATURE		_			ATTENDING	MED	STAFF		TE SIGNED	-	
		anux 4	. ROA	267	JM.D	. PHYS	DIRECTOR	PHYS.	Feb.	20 th]	1967)
	22c PHYSICIAN S NAME (Type		Tona	M.D.		22d. ADDRESS	k Road-7	OWEGE	Ма	21204	1	
-	l											
23	o. BURIAL CREMATION	a í		23c. NAME OF CEMET				N (City or Tow		County)	(Sto	(eto
	REMOVAL (Specify BUR LAL		4,,1967		Mem	orial Park.		more 6			ind	
	4. FUNERAL DIRECTO	rooks Tows	on 105	O York Road	3		D BY REGISTRAR		SISTRAR'S SIG			
W	m. COOK-E	TOOKS TOWS	Tow	son. Maryla	and	21204 DATE F	EB 23 1	387 //	1 1/27	Car y	" office in	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by executed within 24 haurs after death. completely filled in by the funeral mave carbon papers. Pages I and my event, within 72 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 shauld be detached far use as the burial-transit permit. Then please shauld be filed with the State Dept. at Health prior to burial, crematian, or remaval, and in at Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



	DIVISION	OF STATISTIC			CORDS		N STREET, BALT	IMORE 1, M	ARYLAND
-	0101	Tter	1/1- Ve		ul'Si	1) + 1) 1/10 - 1/13/	o/mrb -	U189	<u> </u>
1.	PLACE OF DEATH a. COUNTY		11 -7	W		a. STATE		If institution: Re	sidence before admission)
	Bal	timore		MARY	LAND		yland "		
	b. CITY OR TOWN	(if outside corporat	te limits,	c. LENGTH OF STA	IN 1b		outside corporate limi	ts, write RURAL	and give nearest town)
		nsville	",	2/10/67		Julioli Gla	n Hund Road		
	d. NAME OF HOS	PITAL OR INSTITUTIO	N (if not in he	ospital, give street a	ddress)	d. STREET ADDRESS	ii iidiid libad		e. IS RESIDENCE ON A FARM?
I_		i-La Nursi	ng Cent	er		Baltimore	Maryland		YES NO
3.	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Month 25	Day Year
	(Type or print)	Lillia	n	T.	Jone	S	DEATH	Feb I	8// 1967
5.	SEX	6. COLOR OR RACE	7. MARRIED			. DATE OF BIRTH	9. AGE (In	rears IFUNDER 1	YEAR IF UNDER 24 HRS.
	Fam	Talle	WIDOWED	DIVORCE		8/12/1897		vrs.	Days Hours Min.
108	. USUAL OCCUPATI	ON Give kind of work	done 10b. Kl	IND OF BUSINESS OF	3		ounty & State, or foreign (country) 12. CII	TIZEN OF WHAT
aui		rg life, even if retired Fitter (Ref		Ezler Bros		Dull a ples	W ₀		UNTRY?
13	FATHER'S NAME	TOOST (Me)	0.7			Pulaski		U.S	•
-									
15	James R		aylor			Margare			
		VER IN U.S. ARMED FO (1f yes give war or dates o	f service)	SOCIAL SECURITY NO). 17.	INFORMANT		Address	
			. 23	30-10-5606		Samuel P.	Jones 8319	Wyton Ro	ad l
	18. CAUSE OF D	EATH [Enter only on	e cause per li	ne for (a), (b), and (c). I	1 0	1 -1	1	INTERVAL BETWEEN
ш		ATH WAS CAUSED BY		hudant	in	Mala	uitas timo		ONSET AND DEATH
	1577	IMMEDIATE CAUSE	/ "	a o generalis	416.	11/2008	and samore	1	
	Conditions, if a	DUE which \	TO	Alia Lia	0	. Ph.	in dian	100	
	gave rise to	immediate /	(p) 01-1	aumouc	× .	+ canon	ic juan	MINOL_	
	cause (a), sta		TO PA	041	a alba	D Va			
22	underlying cause		(c)(A	rumom	ra	0/ 100	remane		The Man Hittphay
CERTIFICATION	PARTII. UTHERSI	IGNIFICANT CONDITIO	NS CONTRIBU	TING TO DEATH BUT I	NOTRELA	TEO TO THE TERMINAL I	DISEASE CONDITION GIV	'EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Si					-	//			YES NO C
E	2Da. ACCIDENT	WAS UNDERLYING THE CAUSE OF DEATH MEDICAL EXAMITY	20b. £	ESCRIBE HOW INJU	RY OCCU	RRED. (Enter nature of	Injury in Part I or Pa	rt II of Item 18.)	
	(IF EITHER, NOT	IFY MEDICAL EXAMI	VER)						
MEDICAL	20c. TIME OF II	NJURY Month, Day,	Year 20d. If	NJURY OCCURRED		CE OF INJURY (Home, fa		wn) (Cour	ity) (State)
ē	Heur a.m		While	Not While	facto	ry, street, office bidg., e	tc.)		
Σ	p.m		at work			1 11 100 / 1	-//	-1/	N
		that (f) (this hosp	ital) attende			June, 1			that (I) (we) last
		eased alive on	- FIL	1-25 1967, 2	and that	death occurred at	M, from the ca		e date stated above.
	22a, SIGNATUR	E , B				ATTENDING Z	MED STAFF	220. UA	TE SIGNED
	Millia	m 1 KIN	yron		M.D		DIRECTOR PHYS.	11/4	February
	126/ PHYSICIAN NAME (Typ	N'S (1/1		. 5.		22d. ADDRESS	1 . 1.	. 1	Dot ohmi
		// W ///	dm.	J_BRYS	01	#600_0	monde	mure,	Dollosylly
232	BURIAL, CREMA	ATTON, 23b. DATE 1	THEREOF			OR CREMATORY	23d. LOGATION (C	* -	nty) (State)
	REMOVAL (Spec	3-1-67	9	Meadowr	idge	Cem.	Baltimo	ore, Md.	
24	. FUNERAL DIREC			ADDRESS			C'D BY REGISTRAR 25	b. REGISTRAR'S	
1	Witzke 1	.D4101 E	dmonds	on Ave.		DATEFE	B 2 8 1967	geliarl	es Judge
						DAIE' =	- 1000	//	

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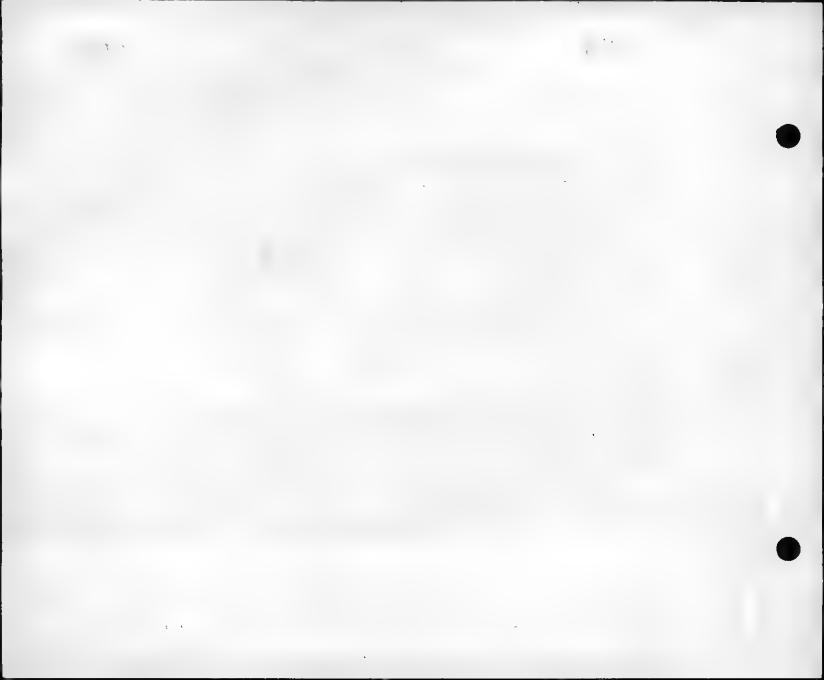
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

)	01846	CERTIFICATE OF DEATH	01842
1,	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceose	ed lived, if institution: Residence before admission)
	o. com Battimore	MARYLAND 0. STATE any land	6 COUNTY Baltimore
	b CITY OR TOWN (If autside corporate imits, white RURAL and give nearest town)	c. LENGTH OF STAY IN 16 c. CITY OR TOWN (It of side corporate	le firmits, write RURAL and give nearest town)
	KANNAIISTOUM	Two Weeks MALTIMORE	
,.	d NAME OF HOSPITAL OR INSTITUTION (If not in hospito		e S RES, DENCE ON A FARM?
	Baltimore Coun	ty General 3909 Folmorad	SON HVC YES NO NO
3.	NAME OF DECEASED (Type or print) Gilbert	Jundan OF DEATH	2 - 11 1967
S	SEX 6 COLOR OR RACE 7 MARRIE	1 /2 0 =	AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS. last b rthday) Manths Days Hours Min
	M. White WIDOWE		eign (ountry) 12 CITIZEN OF WHAT
dı.	uring most of warking to even if retired	KIND OF BUSINESS OR INDUSTRY INDUSTRY REPRESENTED THE PROPERTY OF THE PROPER	eign country) 12 Chilzen Of What
10	Tetired-Neat Boys	14. MOTHER'S MAIDEN NAME	I Q. D.A.
	Celix		
1	S WAS DECEASED EVER IN U.S. ARMED FORCES? 1 Yes, no, adultion on a life of service).	6. SOCIAL SECURITY NO 17 INFORMANT	Address
1	res, no, aranknown) (if yes give wat or dutes of service)	87-07-1779 Karl JORDAN - A	ne
	1B. CAUSE OF DEATH (Enter only one couse per line) PART DEATH WAS CAUSED BY	. 77	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	spirolog Fullue	
	Conditions, if ony, which gove	assine Kulmonam Consestion	
	rise to immediate cause (a),	with a payagorang of for our	
	stoting the underlying cause (c)		
2	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	
JE	Vost. Merative (1-30-67)	X //	enes 2 feet of elun YES NO [
CERTIFICATION	206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port	11 of item 18.)
MEDICAL		. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f	(City or town) (County) (State)
M. CE	Hour a.m. Wh	nile Not While of work	
		ended the deceased from 1-29, 1967, to	
	July 1110 doctdasad director	-11 19 67 , and that death occurred at 7 ρ M	
	220. SIGNATURE Sacretto 2	M.D. PHYS DIRECTOR	STAFF 22b. DATE SIGNED
	22c PHYSICIAN'S NAME (Type) ALBERTO S.	BARRETTO Balto. CTV. CX	en. Hosp. Old CT. R. ned.
1	1111/1/07/07/0	print Dello City. Co	The first of the f
23	30 B JRIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR CREMATORY 23d LO	CATION (City or Town) (County) (State)
		23c NAME OF CEMETERY OR CREMATORY 23d LO	CATION (Crry or Town) (County) (Stote) erton, Pennsylvania

IO NOSPITEII OR ATTENNING EHYSICIAN: The law requires that the Math cestificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending above and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

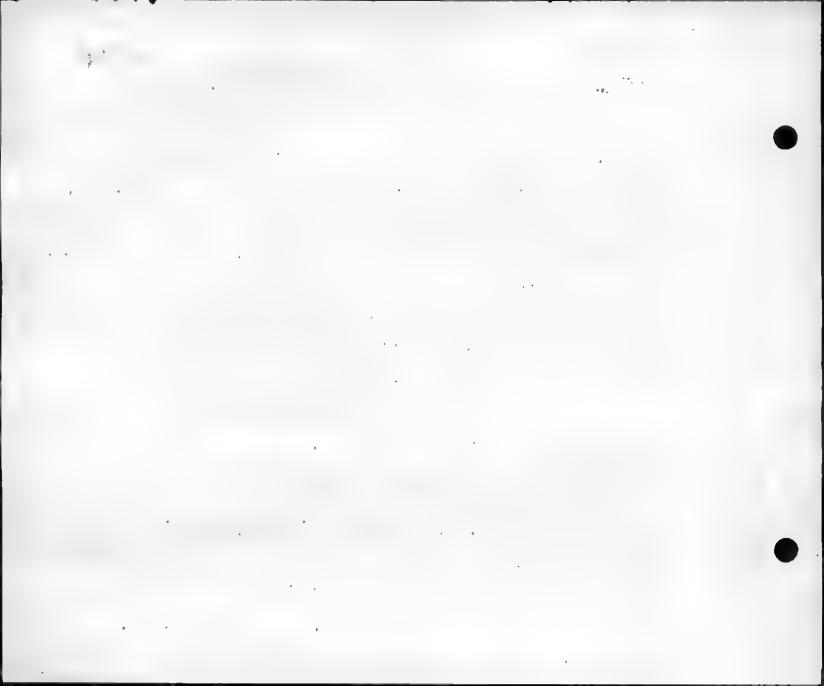
01847 CERTIFICATE OF DEATH W) funeral 1 and 2 ier death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY o STATE b COLINTY Baltimore Maryland of ter i MARYLAND b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Towson C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and a ve nearest town) filled in by the popers. Page hin 72 haurs o Baltimore 21 206 2days d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address A STREET ADDRESS B IS RESIDENCE 13 E. Overlea Avenue St. Joseph Hospital □ NO event, within 3 NAME OF First Middle 4 DATE Month corbon completely OF DECEASED Anna M. Feb, (Type or print) Kaltenbach DEATH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS remove last birthday) Months Days Hauss Female Whi te ony WIDOWED X DIVORCED 4-20-93 puo 10a USUAL OCCLPATION (Give kind of work done 10h KIND OF RUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT COUNTRY? U.S.A. physicion on during most of working life, even if retired)

Homemaker **INDUSTRY** Own Home Baltimore, Maryland 13. FATHER S NAME 14. MOTHER'S MAIDEN NAM cremation, or removal, Christian Richter IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If we give war ar dates of service) 220-09-3246d Christian Richter 17 E Overlea Ave INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Acute myocardial infarction, left ventricle. IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gave Thrombosis right coronary artery, rise to immediate cause (a). DUE TO stoting the underlying cause os the (d) Arteriosclerosis generalized severe. lost WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) etoched for use of Dept. of Health p YES X Multiple pulmonary infarctions, right lung. NO 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH etoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 204 INHIRY OCCURRED (City or town) (County) 20¢ TIME OF INJURY Month, Day, Year (State) Haur a.m. factory, street, affice bldg., etc.) Not While Stote [at work at wark pe 21. I certify that (this haspital) attended the deceased from saw the deceased glywon Feb. 20, 1907 and the Feb. 16 67 to Feb. 20 . 1967, that (X) (we) last 3 should | | with the S and that death accurred at 4:50 M, fram causes and an the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING February 21,1967 S M.D. PHYS PHYS director, page should be filed 22c PHYSICIANS 22d. ADDRESS NAME (Type) M.S. Cockburn, M.D. 7620 York Rd., Towson, Md. 23a BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) BUT Lal (Specify) 2/23/67 Baltimore Loudon Park Cem. Md. 256. RSGISTRAR'S SGNAT 24 FUNERAL DIRECTOR 25g, REC D BY REGISTRAR 1967

requires that the dnoth certificate be exacuted within 24 hours after death. by the f Pages filled offending phythe ottending certificote by the haspitol ATTENDING le retoines TO FUNERAL DIRECTOR: Inge 4 moy

> VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201

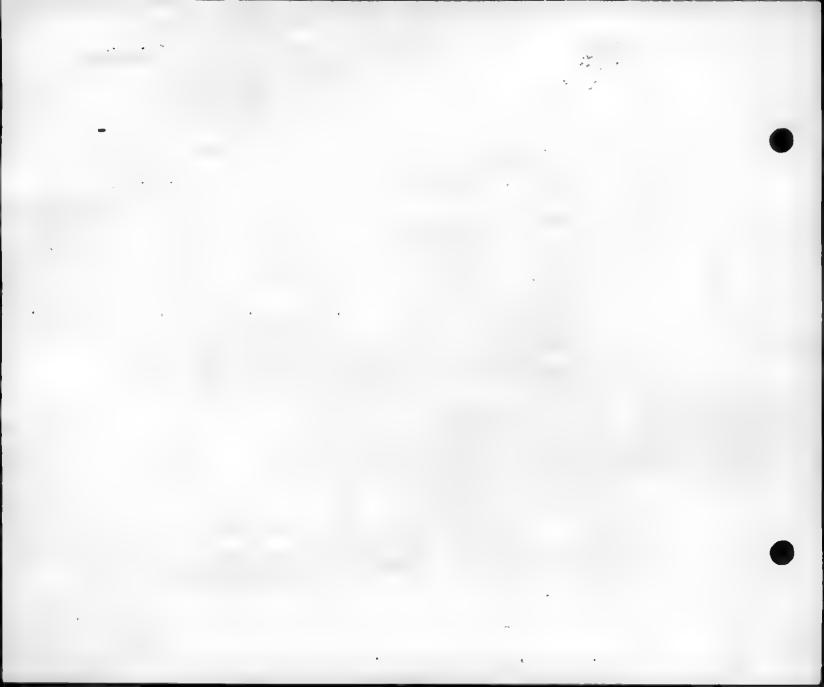
Paradise Nursing Home S009 Leeds Avenue Yis		01848	3		CERTIFIC	ATE	OF DEATH			1184	1	
b CITY OR 10WM (if outset corporate limits, write PURAL and give neories town) write RURAL and give peoples town) Arbutus 7 Aname or Hospital and give peoples town) Paradise Nursing Home 9 NAME or Death (in outset corporate limits, write PURAL and give neories town) Paradise Nursing Home 9 NAME or Death (in outset corporate limits, write PURAL and give neories town) Paradise Nursing Home 9 NAME or Death (in outset corporate limits, write PURAL and give neories town) NATURE (in outset) Paradise Nursing Home 10 NAME or Death (in outset) Permale Name or Death (in outset) NARY Permale Not Cuprality (Give kind of work done with done will off with feeling) Not working like, send of work done with done will be not working like, send of work done in the finding) Not send to the send of work done work done in the send of working like, send of work done in the send of working like, send of work done in the send of se		VZIMION .	7 4- 1				CTATE		I colli			- 1
WITTE CREAT ON the Property Province Course of the Property Property Course of the P						7.0	Ma			Da		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Paradise Nursing Home 3 NAME OF DECASION BARK A. KASINSKAS 5 STX 6 CORO R RACE Prema Le White Whote Width Widdle Width William L. Kasinskas, 5009 Leeds Ave. William L. Kasinskas, 5009 Lee		b CITY OR TOWN I	If outside corporate limit d give pearest town) 15VIIIC	s,	C LENGTH OF STAY IN 1	b			e limits, write RUI	RAL ond give	neorest fow	n)
Paradise Nursing Home 3 Mame of Peccased Name Paradise Nursing Home So09 Leeds Avenue Paradise Nursing Home Paradise Nursing Home Paradise Number Paradise Para	-			nt in hospital e	nive street address)	-				-	1 e IS	RESIDENCE
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IDD. LSDAN OCCUPATION (Give kind of work done during most of working life, even if retired) IDD. KIND OF BUSINESS OR INDUSTRY Lithuaina COUNTRY	ľ		6 COLOR OR RACE	7 MARRIED	NEVER MARRIED [7 8	B. DATE OF BIRTH		AGE (In years	IF JNDER I		NDER 24 HRS
Country Coun					-	5]_	1-24-1884		lost birthdoy) 3 yrs.			
13. FATHER'S NAME		during most of working	life, even if retired)				. '		ign country)		JNTRY?	
IS WAS DECASED EVER IN US ARMED FORCES? (Yes, no., or unknown) (It yes give wor or doles of service) IB CAUSE OF DEATH (Enter only one cause per line for (o), 4t), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove use to immediate cause (o), stoting the underlying cause (b) DUE TO (b) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I (o) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I (o) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I (o) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I (o) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I (o) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I (o) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I (o) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I (o) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I (o) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I (o) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I (o) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I (o) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I (o) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I (o) PART I. OTH	ŀ		ewile				14. MOTHER'S MAIDEN P	NAME		141.6	.naarn	<u>a</u>
Mr. William L. Kasinskas, 5009 Leeds Ave.		Jose	ph Saukatis				Catherin	ie Mot	ckevic			
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200 ACC DENTWAS UNDERLY NG 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Islem 18)			,									
20c TIME OF INJURY Month, Doy, Year 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e P.ACE OF INJURY (Home, form foctory, street, office bldg., etc.) 20f (City or town) (County) (Started at work at work at work at work at work at work 21. 1 certify that (I) (this haspital) attended the deceased from 1947, to 1966, that (I) (we saw the deceased alive an Feb., 7 1967, and that death accurred at 2332M, from causes and an the date stated 220 SIGNATURE 220 DATE SIGNED 220 DATE SIG		PART I OTHER S	GNIFICANT CONDITIONS (ONTRIBUTING T	O DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE (ON	ADITION GIVEN	IN PART 1(o)		PERF	AUTOPSY ORMED?
Hour o.m. p.m. 19 While at work foctory, street, office bldg., etc.) 21. 1 certify that (I) (this haspital) attended the deceased from 1945, to 1966, that (I) (we saw the deceased alive an Feb., 7, and that death accurred at 2332M, from causes and an the date stated 220 SIGNATURE 220 SIGNATURE 220 SIGNATURE 220 DATE SIGNED 221 ADDRESS NAME (Type) 222 DATE SIGNED 223 ADDRESS NAME (Type) 224 ADDRESS NAME (Type) 230 BURIAL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR (REMATORY) 23d LOCATION (County) (State)		200 ACC DENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	20b DE	SCRIBE HOW INJURY OCCU	RRED (Enter nature of intury in !	Part I or Part I	ll of item 18)			
saw the deceased alive an		Hour o.	m.	While	Not While				(City or fown)	(Cou	nfy)	(Stote)
22c PHYSICIAN'S NAME (Type) Dr. Stanley Ankudas 230 BURIAL (EMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stanley Ankudas)					ded the deceased fro	m thypt	death accurred at	911, to	from causes	, 19 <u>_6</u> and an th	6, that (e date st	l) (we) last ated abave
NAME (Type) Dr. Stanley Ankudas 1101 Maiden Choice Lane 230 BURIAL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (Stanley County)		220 SIGNATURE	Locan	luj	(Amery	M.D			STAFF PHYS	_	47	5)
DEMOVAL (Const.)			1	ley Ar	nkudas	/	22d ADDRESS 1101 M	Mai den	Choice	Lane		
KEMOVALI (Specify)	Ĩ	230 BURIAL, CREMATI	ON, 236 DATE TH	EREOF	23c NAME OF CEMETER	Y OR (REMATORY	23d LOC/	ATION (City or To	wn) ((County)	(Stote)
	,	REMOVAL (Specify BURIAL		1967		ner						
ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Howard H. Hubbard, 4107 Wilkens Ave. 21229 DATE FFR 1 1967	1			107 134		2124		BT REGISTRA		OSTRAR'S SIG		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exacuted within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67



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	MARYLAND STATE DEPARTMENT OF HEAL	
DIVISION OF ST	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STRE CERTIFICATE OF DEATH	ET, BALTIMORE 1, MARYLAND
01849	CERTIFICATE OF DEATH	DIDAE

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
BALTIMO EL MARYLAND	a. STATE b. COUNTY City of Balto.
IMAN I LAND	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
Entimure 12	City of Baltimore d. STREET ADDRESS e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Armacost Nursing Home - Regester Av.	3802 Fenchurch Road YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
OECEASED (Type or print) N. ADAL CN BLATCHFORD	KAYSER DEATH Feb. 26, 1967 19
	B. DATE OF BURTH 19. AGE UN years HE UNDER 1 YEAR HE UNDER 24 HRS.
Female Thite WIDOWED DIVORCED	Feb. 7, 1901 66 yrs. Months Days Hours Min.
	1 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	CQUNTRY?
NONE NONE NONE	Bedford Co., Pa. USA
	14. MOTHER'S MAIDEN NAME
John K. Blatchford	Anna Jenkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) [(If yes give war or dates of service)]	INFORMANT: husband Address Balto., 21218
	. Fayne A. Kayser, 3802 Fenchurch Ad.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	
Conditions, If any, which I DUE TO Confessor Jele	LIDEL
gave rise to immediate	
cause (a), stating the OUE TO	
underlying cause last.) (c)	Lan Luin AllTopov
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
(irrhai) of L	ines YES NO X
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONTRIBUTING TO THE PART II. DTHER SIGNIFICANT CONTRIBUTION CONTRIBUT	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While - Not While - facto	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	, 1967 to 48. 26 , 1967, that (1) (we) last
	t death occurred at 120 M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING & MED STAFE 22b. DATE SIGNED
I heldon to their M.	D. PHYS. MED. STAFF PHYS. 1 2/28/67
22c. PHYSICIAN'S	22th ADDRESS / 1 ACT
NAME (7ype)	Mid-lits Dear Sattemen one
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) 3/1/1967 Druid 3	idge Pikesville, Balto, Co., Md.
24. FUNERAL DIRECTOR ADDRESS	250. REGISTRAR 25b. REGISTRAR'S SIGNATURE
Stewart & Moven Co. 108 North v., B	1007 (//////0 1/4/4/
Socnato (. Month Co. 100) . North . V. , D	alto. Date Minit 1001



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

death. remove carban papers. Pages 1 in any event, within 72 haurs after filled The law requires that the death certificate be executed P d far use as the burial-transit permonents of Health prior to burial, cremation, signed by the burial-transit p ATTENDING **DIRECTOR:** After director, page 3 shauld shauld be filed with the TO MOSPITAL TO FUNERAL

01850 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission o STATE MARYLAND o. COUNTY 5. COUNTY BALTIMORE MARYLAND b CITY OR TOWN (f outside carparate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and a ve nearest town) FORT HOWARD 1 DAY RIVERA BEACH d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 233 MEADOW ROAD VETERANS ADMINISTRATION HOSPITAL 3 NAME OF DATE Last Month DECEASED OF DEATH FRANCIS KEARNEY FEBRUARY JAMES (Type or print) S SEX 6 COLOR OR RACE B DATE OF BIRTH 9 AGE (n years 7 MARRIED NEVER MARRIED last birthday) WIDOWED OCTOBER 3. MAIE WHITE DIVORCED IDo USUA. OCCUPATION (G've kind of work done during most of working te, even if retired)

CRANE OPERATOR 1Db. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) TRELAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME THOMAS KEARNEY MARY FLYNN IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO VA HOSPPTAL (Yes, no, ar unknown) (If yes give war ar dates of service 207 05 30 49 CLINICAL RECORDS FORT HOWARD, MARYLAND YES 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BYthe fr (a), (b) and (c)) BRONCHOPNEUMONIA IMMEDIATE CALSE (g) DUE TO Canditians, if any, which gove rise to immediate couse (a). DUE TO stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CARCINOMA OF PROSTATE 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of Item 18.) 2Do ACCIDENT WAS LINDERLYING [7] OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c T ME OF NJURY Month, Day, Year 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) Hour a.m. Not While factory, street, affice bldg , etc.) at wark 19 67 to FEB 27 FEB. 26 2). I certify that (1) (this haspital) attended the deceased fram 19 67 and that death accurred at 930P M, from causes and an the date stated above saw the deceased alive an_ 22a SIGNATURE ATTENDING STAFF DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S HOWARD C. KRAMER, M.D. NAME (Type) VA Hospital, Fort Howard, Md. 230. BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town) Mar. 3.1967 Holy Redeemer Cemetery

ADDRESS 4001 GOV RITICISM RECUENT SEGISTRAR

DATE MAR

Balto, Md.

19 WAS AUTOPSY PERFORMED? NO K (County) (State) 1967, that (1) 22b. DATE SIGNED 2/28/67 (Stote) Baltimore, Maryland 25b REGISTRARS SIGNATUR 1967

ANNE ARUNDEL

F UNDER 1 YEAR

Days

12 CITIZEN OF WHAT COUNTRY?

Months

e IS RESIDENCE ON A FARM?

Year

19

Haurs

NTERVAL BETWEEN

3 DEDEL AND DEATH

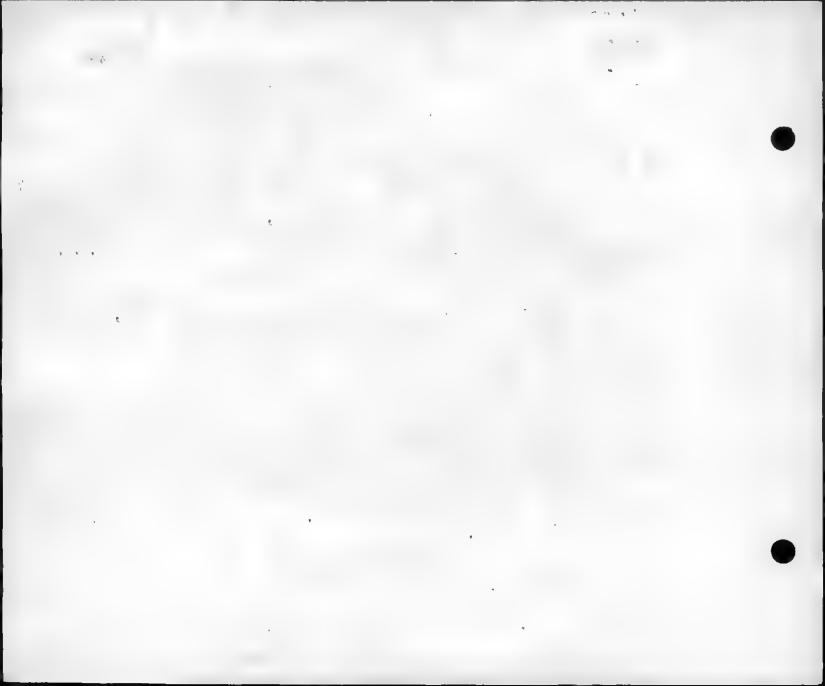
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YES T

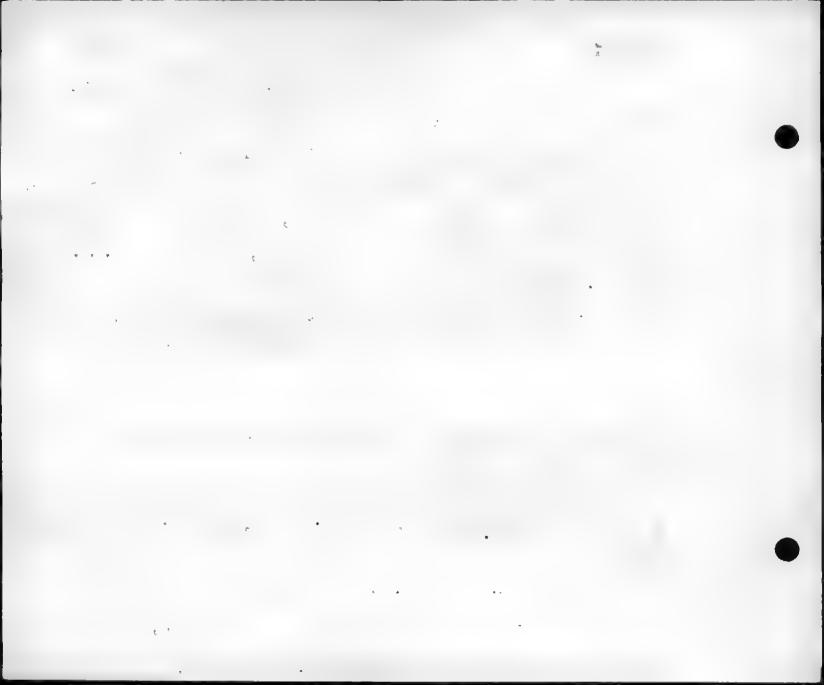
George J. Gonce

Gonce Funeral Home



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

- 8		01851			CERTIF	ICATE	OF DEATH		11184	7
	Ī.	PLACE OF DEATH	4444			İ		Where deceased lived, if ins		e before odmission)
5-6-1		O. COUNTY BALT	TIMORE		MARY	LAND	o. STATE MARYLAN	D	COUNTY	PER SPEC
by the f Pages aurs afte		CTY OR TOWN (If o	utside corporate imit	'S,	C LENGTH OF STAY II	V 1b		tside carparate limits write	RURAL and give	nearest town)
by the Pagaurs aurs		FORT HOWAT	D. BOLEZI IOMILI		1 DAY		BALTIMOR	B		
in ers.	-	NAME OF HOSPITAL	OR INSTITUTION (If n	of in hospitor, g	ve street address)		d STREET ADDRESS			e IS RESIDENCE ON A FARM?
filled in papers. Thin 72 hi		VETERANS A	DMINISTRA	ATION H	OSPITAL		3210 WEST	BALTIMORE S	TREET	YES NO X
with full		NAME OF DECEASED		ILZ	Middie		Lost	4 DATE OF	Month	Doy Year
e executed withing and campletely fremave carban in any event, with		(Type or print)		VARD	ELMHORS		KELLEY	DEATH FEBR	UARY	13 19 67
amp ive i	5		COLOR OR RACE	7 MARRIED	NEVER MARRIED		DATE OF BIRTH	9 AGE (In year ast birthdo	s (FUNDER 1) Months	YEAR IF UNDER 24 HRS. Doys Hours Min
executed any any			WHITE	WIDOWED	DIVORCED	□ M	RCH 31, 19			YEN OF MILLAY
be din	dur	USUAL OCCUPATION (Ging most of working life,	ve kind of work done , even if retired)	105. KI	ND OF BUSINESS OR DUSTRY			& State, or foreign country)	COU	ZEN OF WHAT
ote bi	12	ABORER FATHER S NAME					BATTTMORE 14 MOTHER'S MAIDEN	MARYLAND	U	5.A.
The shape of the s			1000 - 1000							
e death certificate b aftending physic an permit. Tremplease on, ar removal		EDWARD J. WAS DECEASED EVER IN		At I	SOCIAL SECURITY NO	17 0	ROSALEE E		uldana e =	
ar re	(ÿ.	s, no, or unknown) (If	yes give wor or dates	of service)				VA HOS		CATATE AND
attend permit.	-		W II		16 01 62 7		LINICAL REC			MARYLAND INTERVAL BETWEEN
the the sit		PART I DEATH	WAS CAUSED BY	PU	IMONARY ED	EMA A	AND CONGEST	ION OF RIGHT	LUNG	ONSET AND DEATH
s that the			IMMEDIATE CAUSE DUE	(0)						THE STATE OF THE S
0 2 0 0 0		Conditions, if any, w	hich gove]	(b)						
phy g phy n sign e buri a buri		rise to immediate control of the state of th								
≱ £ ë £ t		lost)	(c)						
trend trend os b os b prid	×	PART I OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED?
AN: The all ar a cate he ar use ar use Health	CATIO	THROMBOS.	LS OF ABD	OMINAL	AORTA WITH	OCC.	LUSION OF C	OMMON ILLAC	ARTERIE	YES X NO
음 온 년 프로	CERTIFICATION	200 ACCIDENT WAS UP OR CONTRIBUTING		20b DE	SCRIBE HOW INJURY OF	CURRED. (Enter noture of injury in	Port For Port II of Item 18	}	
haspi haspi s certi ached ept. a		(IF EITHER, NOTIFY MEI	DICAL EXAMINER)							
PHYS ne has this cer etache Dept.	MEDICAL	20c TIME OF INJURY Hour o.m.		20d II While	NJURY OCCURRED Not While		E OF INJURY (Home, form ry, street, affice bldg., etc.		ı) (Con	nty) (State)
by the free the defect of the	æ	p.m.	19	of wor	k 🗀 at work 🔲				20 11	(2)
3 5 ₹ 7 8		21. I certify	that (I) (this has	spital) atten	ded the deceased	fromt	Abath accurred at	1245M, fram cau	13 , 19 6	Y, that (Y) (we) last
OR ATTENI be retained DIRECTOR: A ge 3 shauld led with the		220. SIGNATURE	ased alive an I	ED L	7	and mai	dedili decolled di	AZZI MA, ITUM COU		TE SIGNED
R A REC 3 s S S S S S S S S S S S S S S S S S S		210. SIGNATURE	() . 0	20/11/	AELTNYN	(LAM)	ATTENDING PHYS	MED STAFF DIRECTOR PHYS.	[X] 2	/13/67
ral on the property of the pro		22c PHYSICIAN'S	X L D	- V V	/ 4 1		22d. ADDRESS			
		NAME (Type)	SHELDON	E. KAI	MUTZ, M. D		VAH FOR	T HOWARD, MA	RYLAND	
O HOSPI Page 4 m O FUNER director, should b	230	BURIAL, CREMAT ON,	23b DATE TH		23c. NAME OF CEME	1		23d LOCATION (City of	r Town) ((County) (State)
5 9 6 9 8 W		REMOVAL (SPITAL	2-15-6	67	BALTIMOR			BALTIMORE		
VR A15 (4) 3	24	FUNERAL DIRECTOR			WITZKE FU	NERA:	L HOME 2So. REC'I		REGISTRAR'S SI	_
20 M 1/66					1101 FDM0	ATDQO!	DATE F	B. 1.5 1967	youand	es Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTIFICATE OF DEATH 010/0

	01927		CEP	CHEICATE	OF DEATH			010	40		
	CE OF DEATH				2. USUAL RESIDENCE (Where deced			befare	odm ssia	n)
0 (COUNTY Baltimo	3 779/5		MARYLAND	o. STATE Ma.rvl	and	b. COUN	Ball	timo	ore (City
b C	ITY OR TOWN (f outside	corparate limits,	c LENGTH OF		c CITY OR TOWN (IF au		ate limits, write RUF				
	write RURAL and give nea	rest tawn)	۸	77	Baltimore						
	vings Mills NAME OF HOSPITAL OR INS	TITUTION (If not in he	App.		d. STREET ADDRESS				0	IS RESID	
		· ·			2 COC Talana				,	ON A FA	
3 NA	losewood Sta	te Hospit	A. Midd	la .	1500 Lakes	4. DATE	Venue	h	Doy	Yea	
DEC	CEASED					OF			,		
S. SEX	pe ar print)	Herome	G.		Kelly Jr	DEATH	Februa 9. AGE (In years	I FUNDER 1	28 YFAR T		
3. 3EA			ARRIED NEVER M	hapfall	11-29-65		last birthday)		Days	Haurs	Min
	Male			ORCED []	Tax play(D) Act (c	D.Classes	yrs	12 (11)	ZEN OF	WALLAT	
	SUAL OCCUPATION (Give kini mast af warking life, even i		10b KIND OF BUSINESS INDUSTRY	UK	11 BIRTHPLACE (County		ateign country)		NTRY?		
					Baktimore	Md.				ŋ.5	* Fi. *
13. FA	ATHER'S NAME				14, MOTHER'S MAIDEN	NAME					
	ir Jerome G				Bark	ara N	auldin				
	AS DECEASED EVER IN U.S. A ia, ar unknawn) (If yes giv		16 SOCIAL SECURITY	NO 17 I	NFORMANT		Addre	155			
[7 63, 11	= (ii yos gir	8 7141 B) BOICS BI SOLVI		R	osewood St.	te Ho	snital Me	dical	Red	cords	3
19	B. CAUSE OF DEATH (Ente	er any ane cause per	line for (a), (b), and (c).) _			1		INTE	RVAL BET	WEEN
	PART 1. DEATH WAS CA	AUSED BY. Wed†ate (Ause (a)	I metion	- sete	undete	أأدام المستعدد	le de		UNI	ET AND D	EAIN
		DUE TO	l							6	<2
	anditions, if any, which go										
	se to immediate couse (oting the underlying cou										
	st.	(c)									
P/	ART IL OTHER SIGNIFICANT		UTING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIV	/EN IN PART 1(a)			WAS AUTO	
CERTIFICATION	n	"herotop	lialy	- e e e e	meital.	rete	alateri		YE	PERFORMI	NO K
5 70	0a ACCIDENT WAS UNDERLY				(Enter nature of injury in						A
SER O	R CONTRIBUTING (CAUSE FEITHER, NOTIFY MEDICAL E	OF DEATH	Common and the second				,				
ਤ 20	Oc. TIME OF INJURY Mant		20d INJURY OCCURRED	20e PLA	CE OF INJURY (Hame, fam	n. 20f	(City of tawn)	(Cour	ify)	(State)
MEDICAL	Hour a.m.	19	While Nat While at work	fact	ary, street, affice bldg., etc.			, -			,
-	p.m.		atwark atwark	acad from		19	to2/25	2 10 /	フ th	nt 743 /	wo) to
	saw the deceased	dive on 2-1	Continued file dete	timit used and than	t death occurred of	477	M. from causes	and an th	e date	e stoted	l abov
-5	22a SIGNATURE	A A		, 4.10 1110				22b. DA			-401
'	' 1/ /	white I	- liere	M.I	D. PHYS	MED DIRECTOR	STAFF D		12	8/6	ウ
7	22c. PHYSICIAN'S	(1/		1012	22d. ADDRESS	Jingeron					
	NAME (Type)	Zieve			Kosewo	OA S	TATE H	ESPITA	91		*****
23a P	BURIAL, CREMATION.	23b. DATE THEREOF	23c. NAME O	F CEMETERY OR	CREMATORY	23d i	OCATION (City or To	wn) (County)	(S	tate)
D-R	REMOVAL (Specify)	3-3-67			National		ltimore	,	,,	Md	,
	TIBLE I)=)=0(ADDRE:		2Sa. REC'	D BY REGIST	TRAR 2Sb. RE	GISTRAR'S SIG	SNATUR		•
	W.Jenkins	& Song						illase	B	Vers	4
II.	M * 0 GHYTHR	C 20112	00.47U2 I	OLK UC	TO STORT BAR (A)	MR 4	130/		Ϋ́,	1 9	

TO NOSPITAL OR ATTINUMS FINSICIAM: The law requires that the death certificate be executed within 24 hours offer leath. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cappetely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any eventy, within 72 hours after death

VR A15 (4) 20 M 1/66



D RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH Division of STATISTICAL RESEARCH AND RECORDS,

0185	3	1	. le	0	- In

01849

0400	4.5							OTOX	V	
I. PLACE OF DEATH					2. USUAL RESIDENCE (V	Where dece	eosed lived, if institut b. COU		fore odmissio	n)
	Baltimore		MARYLAN	ID	Md.		D. COU		11 .	i
b. CITY OR TOWN	(If outside corporate limits, digive nearest town)		c. LENGTH OF STAY IN T	b	c. CITY OR TOWN (If ou	tside corpo	prote limits, write RU	RAL ond give ned	rest town)	
Idle					/812	/Ret	yester/s	1/0/ Bal	timore	9
d. NAME OF HOSPI	TAL OR INSTITUTION (If not	in hospitol, gi	ve street oddress)		d. STREET ADDRESS				e. IS RESIL	
Armacos	st Nursing	Home			2516 E. M	adis	on St.			NO [
NAME OF	First		Middle		Lost	4. DATE	Mon	th (Doy Ye	10
DECEASED (Type or print)	MAI	RY		KL	ECKA	OF DEAT	H Febru	ary 18	19	67
S. SEX	6. COLOR OR RACE	7. MARRIED [NEVER MARRIED		DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEA		24 HRS
female	white	WIDOWED 1	DIVORCED [12/5/77		lost birthdoy) 99 yrs.	Mullins Duy	13 (10013	77311.
Oo. USUAL OCCUPATIO	N (Give kind of work done		ID OF BUSINESS OR BUSINESS OR		11. BIRTHPLACE (County	& Stote, or	foreign country)	12. CITIZEN COUNTR		
luring most of working houses	vife	IND	at home		Czechos	lova	akia		S.A.	
3. FATHER S NAME	- 1 01				14. MOTHER'S MAIDEN I					
	seph Sleck	nta			unk	nown)			
S. WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of		OCIAL SECURITY NO	17. 11	NFORMANT		Addre	ess 21.	214	
res, no, or unknown)	Ill yes give wor or coles or :	215-	22-4782	Mi	ldred Pre	tl,r	eice,21	09 Woo	dburn	A
PART I DE	EATH (Enter only one couse TH WAS CAUSED BY: , IMMEDIATE CAUSE (9	400	(o), (b) and (c).)	0			cese b	wal;	INTERVAL BET ONSEL AND D	HTAS
Conditions, if on		1-2	eentre.	L.	u lo ar	Elen	N> Elen	- Eda	3 year	YAC
stoting the und		1.1	very	lec.	elig Hou	17)	fist at	Loisa		
PART II OTHER S	IGNIFICANT CONDITIONS GOI	TRIBUTING TO	DEATH BUT NOT RELATE	D 10 1	HE TERMINAL DISEASE CON	D.HON G	IVEN IN PART 1(o)		19. WAS AUTO PERFORM	OPSY En 2
02	n/ de	ler!	11 3Kl 11	10						NO [
OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in	Port I or F	Port II of item 18.)			
20c. TIME OF IN. Hour o	URY Month, Doy, Year	20d. IN. While of work	Not While		E OF INJURY (Home, form ory, street, office bidg., etc.)		. (City or town)	(County)	((Stote)
21. I cert	ify that (I) (this hasp			mil	٧, ١	82	to Telle	18-7,	that (I) (weir
	leceased alive on	-ch			deoth occurred at	COA	M, from causes			
220. SIGNATURE		11/2/	'a-	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATES	16NED 19	6
220 PHYSICIAN NAME (Type	Dr. Dona	ld dir	ntzer		22d. ADDRESS 3009	Ever	green A	ve.		
30. BURIAL, CREMAT	ON, 23b. DATE THER	EOF	23c, NAME OF CEMETER	Y OR (REMATORY	23d.	LOCATION (City or To	own) (Cou	nty) (S	tote)
REMOVAL (Specifical)	2/21/6	57	Bohemian	Na	tional Ce		Baltimo	re, Md	•	
24 ELNERAL DIRECT			ADDRESS		2So. REC'I	BY REGIS	STRAR 2Sb. RI	EGISTRAR'S SIGNA		
26/	ol E. Madi	son S	e, Inc.		DARFR	23	1967	remin !	Judas	

THE FUNERAL PILECTOR: After this certificate has been signed by the ottending physician and consistent filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remays carbon papers. Pages 1 ong should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after detached. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Poge 4 may be retained by the hospital or ottending physician.

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VR A15 (4) 20 M 1/66



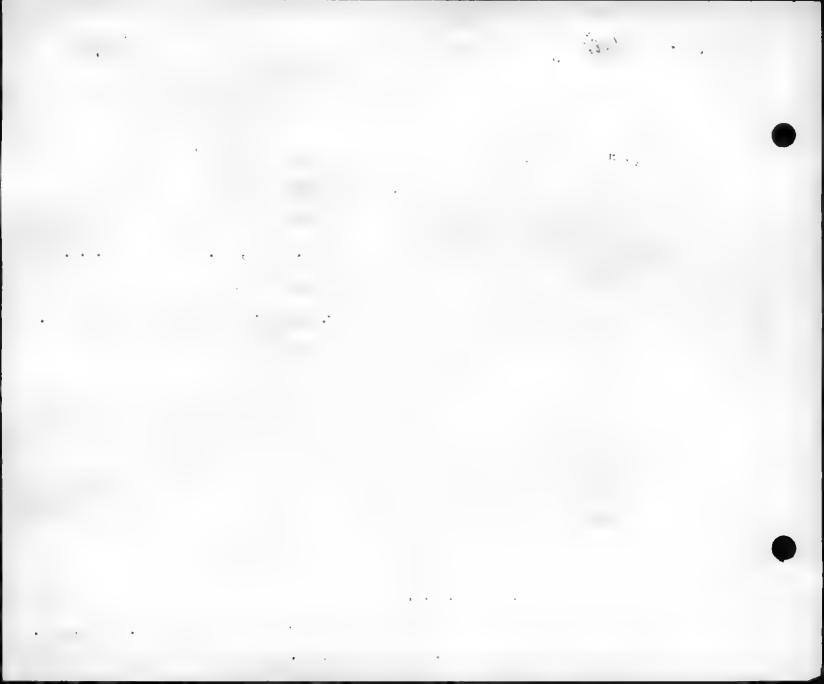
Moreland

Loring Byers-8728 Liberty Rd. Randallstown, Md. DAME MAR 6

Cemetery Taylor
250 RECD BY REGISTRAR 2

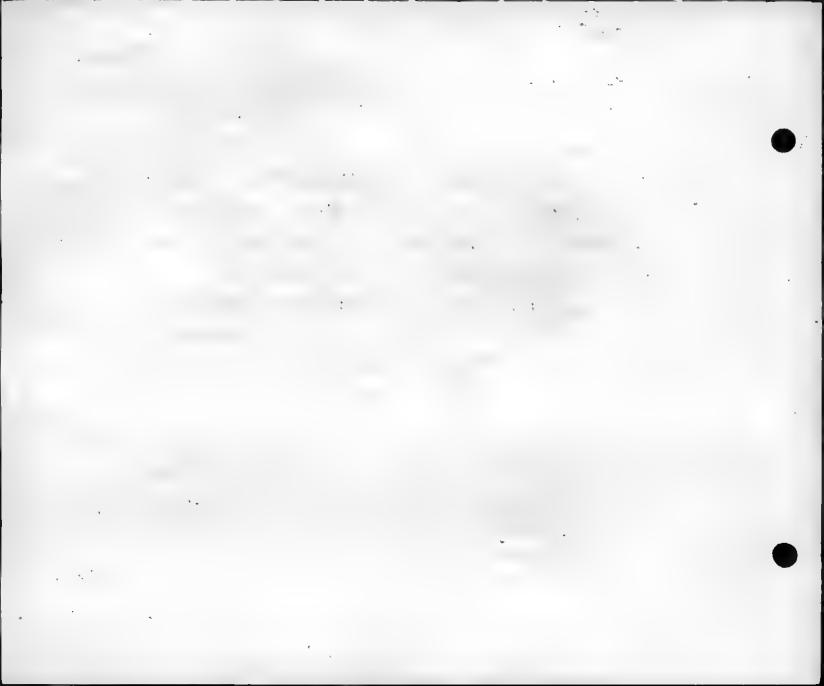
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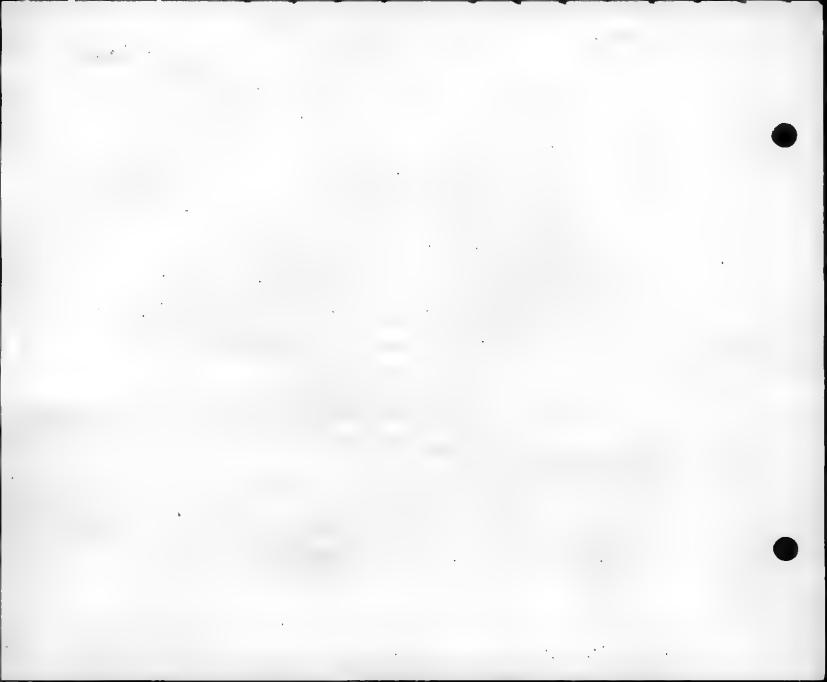


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Page 4 may be retained by the hosp, tal or attending physician.

> VR A15 (4) 20M 1/65

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT	IMORE 1, MARYLAND
01856 CERTIFICATE OF DEATH	01050
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived,	If Institutione Residence-before admission)
a. COUNTY BO / BO MARYLAND a. STATE MOTE OF A D.	COUNTY Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits,	ts, write RURAL and give nearest town)
Halethorpe Hyrs Halethorpe	· ·
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	6. IS RESIDENCE ON A FARM?
3744 Tirst AVE 15744 PIRET GVY	C YES NO Z
DEGEASED	Month Day Year Or Mary / 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In) last birth	years IF UNDER 1 YEAR IF UNDER 24HRS.
// n / a / // at/ wynowen // (/ / / / / / / / / / / / / / / /	yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign a lunguistry) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign a lunguistry) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign a lunguistry) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign a lunguistry) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign a lunguistry) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign a lunguistry) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign a lunguistry) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign a lunguistry) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign a lunguistry) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign a lunguistry) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign a lunguistry) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign a lunguistry) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign a lunguistry) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign a lunguistry) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign a lunguistry) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign a lunguistry) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign a lunguistry) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign a lunguistry) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign a lunguistry) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign a lunguistry) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign a lunguistry) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign a lunguistry) 10b. KIND OF BUSINESS OR 10b. KIND OF BUSINESS OR 10b. K	country) 12. CITIZEN OF WHAT
Technologist Pental Mary and	US.84.
13. FATHER'S NAME / 14. MOTHER'S MAIDEN NAME .	1 - 4
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	n e v
(Yes, mo, or unkown) (If yes give war or dates of service)	# 4 / /: 4 / 1:
1 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c), 1	INTERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) WILLIAM AND CONTROL CONTRO	
Cenditions, If any, which \ m of months and metal	
gave rise to immediate (
cause (a), stating the DUE TO (C)	
	EN IN PART I (a) 19. WAS AUTOPSY PERFORMED?
	YES NO
PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or	rt of tem 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tor factory, street, office bidg., etc.)	wn) (County) (State)
Hour a.m. White Not White p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from Mors., 1966, to Feb	, 1967, that (I) (we) last
	uses and on the date stated above.
222. SIGNATURE ATTENDING MED. STAFF PHYS PHYS PHYS PHYS PHYS PHYS PHYS PHYS	220. DATE SIGNED
22c, PHYSICIAN'S 22d, ADDRESS	
NAME (Type) WILLIAM Bryson 4605 Edmond 50	a tre.
The state of processing the state of the sta	ity, town or county) (State)
BREMOVAL (Specify) 2/4/67 Loudon Park Cimilar B. Miller	d, Nanyland
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25	bb. REGISTRAR'S SIGNATURE
Ambure free 1328 Suly how Germa Rel- tate B 0 1967 1	- Judia



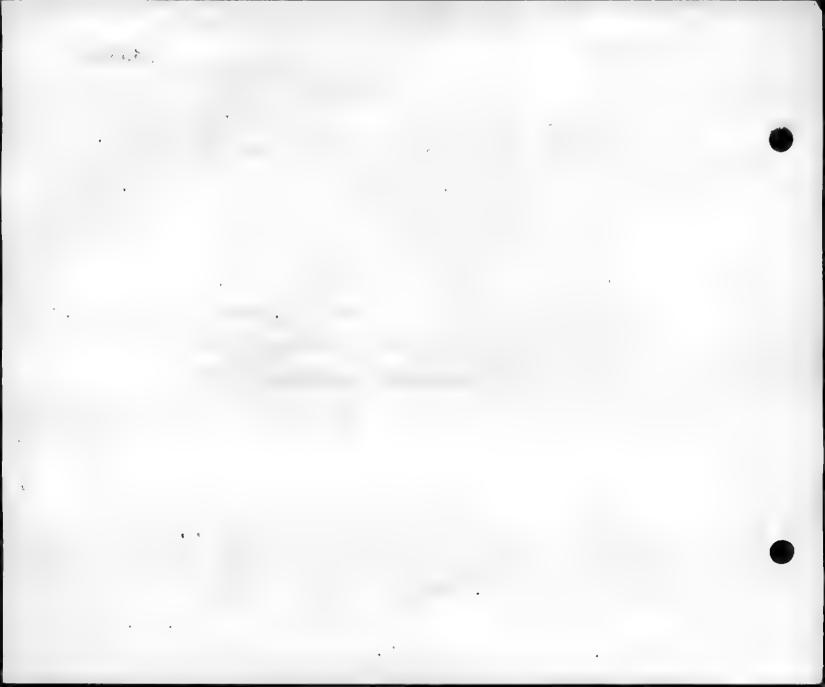
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTI BALTIMORE, MARYLAND 21201

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

01857 PLACE OF DEATH TO HOSPITAL OR ATTENDING PHYSICIAN: The lam requires that the leath certificate be executed within 24 heurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be defached far use as the bural-transit permit. Then please remave carbon papers. Pages, and 2 shauld be filed with the State Dept of Health prior to buria, cremotian, or remaval, and in any event, within 12 baury after depth. Page 4 may be retained by the haspital or attending physician.

BALTIMORE	MARYLAND BALTIMORE
b City DR TDWN (If ourside corporate limits. c. LENGTH DE STAY IN 16	c CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) CATONSVILLE	CATONSVILLE Baltimore 21:27
d NAME OF HDSPITAL OR INSTITUTION (If not in hospital give street address)	d STREET ABORESS 3 Alet16 /FUSTING AVE. 6 S RESIDENCE ON A FARM?
HOUSE IN THE PINES NURSING HOME	HOUSE/IN/THE PINE NURSING HOME , YES AND IN
3. NAME OF First Middle DECEASED	Lost 4 DATE Month Doy Year
(Type or print) EMORY H. KOHLHAUS	DEATH FEB. 16, 1967
	DATE OF BIRTH 9 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS last burthday) Months Doys Hours Min
M. KKYKK WHITE WIDOWED N DIVORCED	5/12/91 75 yrs
100 USJAL OCCUPATION (G ve kind of work done during most of working life, even if retired) 100 USJAL OCCUPATION (G ve kind of work done linbustry) 100 USJAL OCCUPATION (G ve kind of work done linbustry)	11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY?
CLERK RETIRED	MARYLAND USA
13. FATHER'S NAME	14 MDTHER'S MAIDEN NAME
CHARLES E, KOHKHAUS	MINNIE E. HIGH
(Yes, no, or unknown). If I we give wor or dates of service)	A DATE OF A VOICE AND A CONTROL AND A CONTRO
	ARLES E. KOHLHAUS 5537 OREGON AVE. 21227
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY.	emorrhage, recurrent interval between onset and death
	emorrhage, recurrent 5 days
	of and a second
rise to immediate couse (a),	riosclerotic C V D
stoting the underlying couse last. (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TO	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
THE TOTAL STATE AND THE STATE OF THE STATE O	PERFORMED? YES NO KE
200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18)
OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	,,
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLAC	E OF INJURY (Home, form, 20f (City or town) (County) (State)
Hour o.m. 19 While Not While of work of work	rry, street, office bldg, etc.)
21 certify that (1) (this haspital) attended the deceased from	5/28/ , 1961 , to 2/16 , 1967 , that (1) (we) last
saw the deceased alive on 2/15 19 67 and that	death accurred at 23 LOP, Illan couses and an the date stated above.
220 SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
Mujest Derckes MD	PHYS DIRECTOR PHYS 2/1/0/
PHYSICIAN HERBERT J. LEVICKAS	22d ADDRESS 1073 MAIDEN CHOICE LAND 21229
HEADERLY J. LEVIORS	
230. BURIA., CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CE	
BURTAL 2/20/67 LOUDON PARK 24 FUNERAL DIRECTOR ADDRESS	250. REC'D BY REG STRAR 25b REGISTRAR'S SIGNATURE
HOWARD H. HUBBARD 4107 WILKENS AVE. 2122	

VR A15 (4) 25M 1/67



Loch Raven Blvd.

DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law IO FUNERAL DIRECTOR: After director, page 3 should should be filed with the

onnson

ofter death

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Inoth certificate

remuires that the

aftending physician.

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physician c ien please

attending present. The

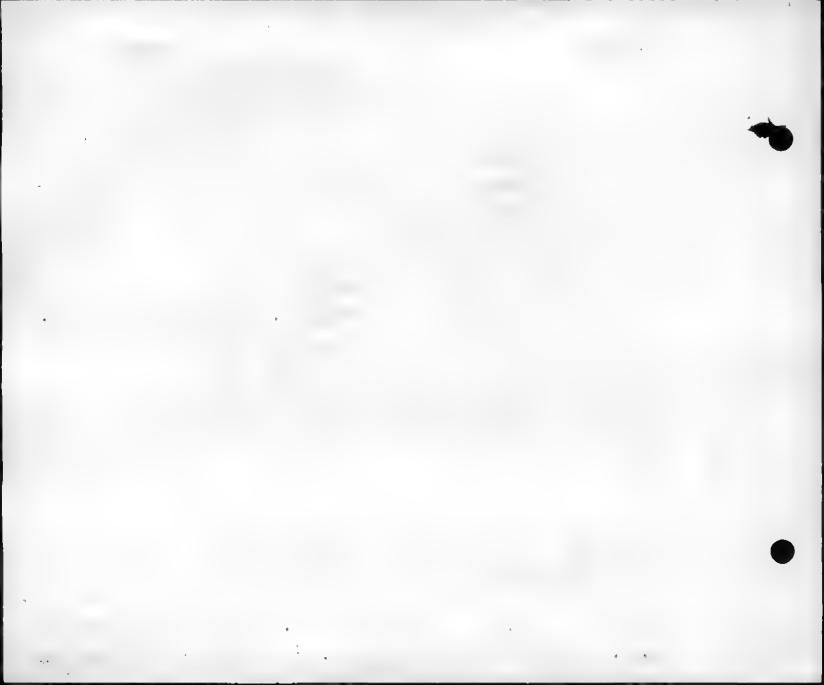
signed by the burial-transit p

ficate has been s far use as the b Health prior to b

be detached to State Dept. af F

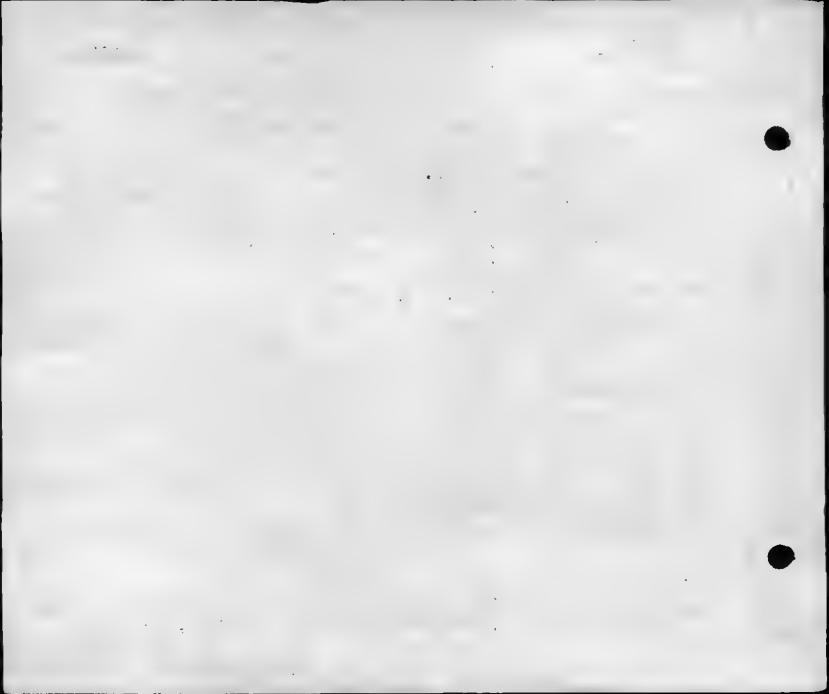
this certificate

be retained



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if institution 1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 27 months TOWSON Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) ON A FARM? Forest Haven Nursing Home Loch Raven Blud YES NO 3. NAME OF Middle DECKASED Margaret Febru ary (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Female DIVORCED WIDOWED M 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 1 11 done during most of working life, avan if retired) Baltimore, Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Luther Gerrick 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT (Yes, no, or unknown) i (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH evere debele IMMEDIATE CAUSE (a) DUE TO Carcinoma of four Conditions, if eny, which gave rise to immediate cause DUE TO (a), steting the underlying causa lest. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Home, ferm, 2Df, (City or town) (County) (51a1a) fectory, street, office bldg., etc.) Not While 'at work | et work 21. | certify that () (this hospital) attended the deceased from Nov. 16, 1964 to Hell 27, 1967 that ((we) last Hell 27. 19 6.7, and that death occurred at 3 AM, from the causes and on the date stated above 22a SIGNATURE DIRECTOR PHYS. 22d. ADDRESS 226. PHYSICIAN'S ONROY, MA 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, fown or county) REMOVAL (Specify) New Cathedral Cemetery Baltimore, Maryland 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A1S (4) Melinetta

YLAND STATE DEPARTMENT OF HEALTH



RYLAND 21201

1 5	Division of STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMORE, MARYLAND 21:	201
FOR STATE			1856
HEAT INDEPT.	DE COUNTY Balto MARYLAND b. CITY OR TOWN (If outside corporate limits, t. LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residen o STATE Md. C CITY OR TOWN (If outside corporate limits, write RURAL and give	rroll 🗸
th. If, delay is ges 1, 2, and 3 the farm PM3. Pag tate Deportment controls after death	Pikesville 0	Finksburg	
form form	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Milford Mill Rd.	d. STREET ADDRESS Box 410- Deer Park Rd.	e IS RESIDEI ON A FAR YES N
2 th	3. NAME OF First Middle DECEASED (Type or print) Charles Alexander	DEATH	Doy Year 15 19 6
N	S SEX 6. COLOR OR RACE Male 6. COLOR OR RACE Widowed DIVORCED	B. DATE OF BIRTH Aug. 26, 1934 9. AGE (In years lost birthday) 32 yrs. If UNDER Months	Doys Hours
thin 2% haurs and in Item 18 miners Office o poges Jogd 2 v	100 USUA, OCC. PATION (Give kind of work done during most of working life, even if retired) Carpenter 10b. KIND OF BUSINESS OR INDUSTRY	Balto.Ço., Md.	TIZEN OF WHAT
2 g b e 5	J. Harry Lau	14. MOTHER'S MAIDEN NAME Ruth Eaton	
		7 INFORMANT 17 S. Dorothy Lau, Rocklyn & Milformant Pike	ord Mill
the shalld be the ward "pe I to the Chief a burial-transit remation, ar r	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Gunshot wound 1e DUE TO Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse last. (c)		INTERVAL BETWI ONSET AND DEA INSTANT
This certifica icate, writing be farwarded be used as ir ta burial, c	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	TO THE TERMINAL DISEASE COND T ON GIVEN N PART I(0)	19 WAS AUTOP PERFORMED YES NO
Figure 1	PRIMARY BOT (ONTRIBLTING D Deceased shot hi	ED. (Enter noture of injury in Port I or Port II of item 18.) mself with a 12 gauge shotgun.	
■ 48 主 8 章	9:52 pm. Feb. 15 19 67 While Not While pay	octory, street, office bldg , etc.) Pikesville Ba.	unty) (Sto lto. Md
M M M M M M M M M M M M M M M M M M M	21. I certify that I took charge of the remains described above, death resulted fram: Natural causes, Accident, S ACTUAL	uicide 🗷, Hamicide 🔲, Undetermined manner 🗀	
IIIV IIV, g eral be ra BAL ar ith	SIGNATURE EXAMINER'S NAME (Type) D. D. Caples, M. D.	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER C Address (Street, city, town, or county)	2-17-67
TO DEFINE THE FUN 5 may 10 FUNE Health	230. BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stol

2-18-1967

Burial (Specify) VR A15ME (5) 6M 1/66

23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Meadow Branch Cemetery Westminster, Maryland
ADDRESS 250. RECO BY REGISTRAR 2550 REGISTRAR'S SIGNATURE 4600 Liberty Hts. Ave. Baltimore 21207

e IS RESIDENCE ON A FARM?

INTERVAL BETWEEN ONSET AND DEATH Instant

19 WAS AUTOPSY PERFORMED? YES -

NO X

(Stote)

Md.

and in my apinian

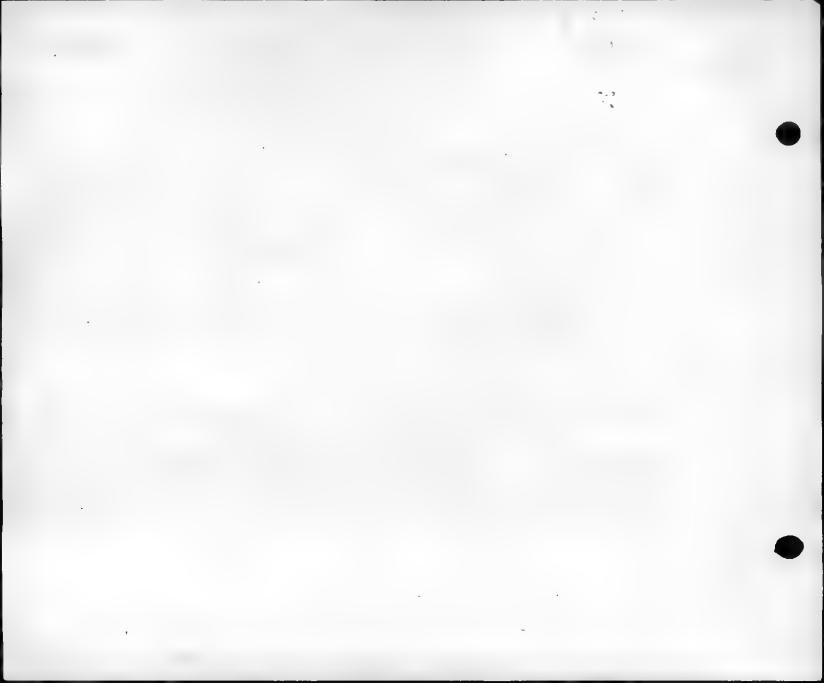
22. DATE SIGNED

IF UNDER 1 YEAR | IF UNDER 24 HRS.

& Milford Mill Rd. Pikesville 8

YES NO

Year 67



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the bur al-transit permit. Then please response carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and the different within 72 hours after death.

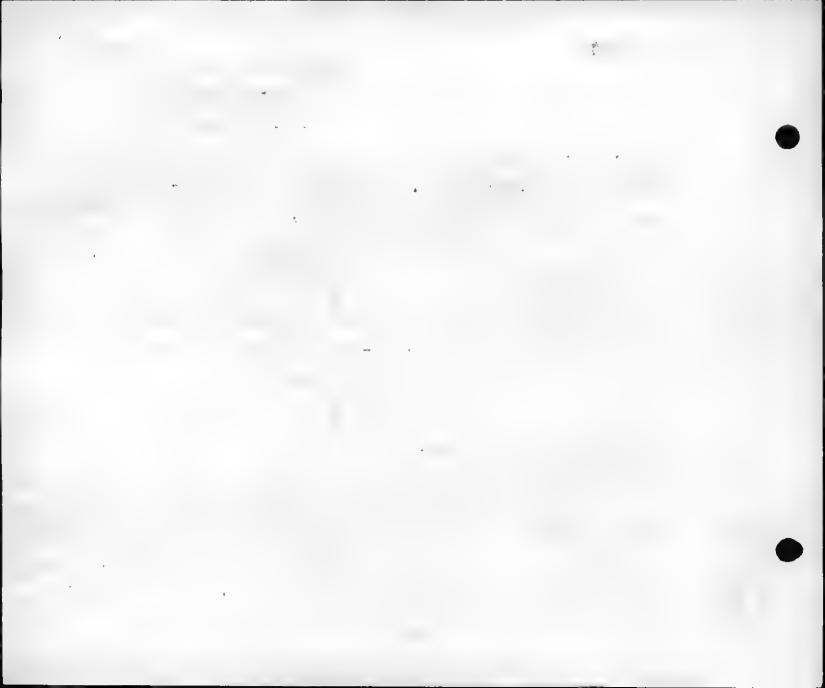
TO HOSPITAL OR ATTENDING PHYSICIAN: The taw requires that the death certificate Te executed mithin 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01861			CERTIFIC	ATE	OF DEATH			0185	7	
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLA	NÐ	2. USUAL RESIDENCE (No. STATE	Where deceosed	l lived, if institut b. COU		etore admis	sion)
b. CITY OR TOWN (I	outside corporete limits, g ve nearest town) Baltimore	C	LENGTH OF STAY IN 1		Baltimo	itside corporate		RAL ond give ne	orest town)	
	or INSTITUTION (If not seephs Hospi		street oddress)		d. STREET ADDRESS				e IS RES ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	Firs		Middle W	LE	BRAND	4 DATE	Mont Feb ^r uar		Doy Y	eer 67
S. SEX male	6. COLOR OR RACE	7 MARRIED WIDOWED		X] B	DATE OF BIRTH	9	AGE (In years birthdoy)	Months Do	AR JIFUND	ER 24 HRS
	(Give kind of work done		of Business or Try ilroad		11. BIRTHPLACE (County Pennsylve 14. MOTHER'S MAIDEN 1	& State or forei		COUNT	OF WHAT	
Par	il J. Le Bra				Ida M. J					
Yes, no, or unknown)	RINU.S ARMED FORCES? (If yes give wor or dotes of	service) 219-	1AL SECURITY NO03-7930		iformant 3. Ida Le Bi	rand 43	Address 11 Wood			
PART I. DEAT Conditions, if ony, rise to Immediate storing the under last.	ying couse (o), DUE T	Massi 0 b) 0 0	ve antero		ceral myocar			on.	INTERVAL BI ONSET AND	
1.01d fi	☐ CAUSE OF DEATH	phragmat	ic myocaro	iial		. Arte	rioscle	rosis	PERFOR YES X	TOPSY MED? NO
	RY Month, Doy, Year	2Dd INJUR While of work	Not While -		E OF INJURY (Home, form ry, street, office bldg., etc.)		(City or town)	(County)		(Stote)
21. I certif saw the de 220. SIGNATURE	y that (I (this hasp ceased dive an Fe	ebruary	the deceased from 1967, and	d that	death accurred at	67, to, 2:22 M, am MED. DIRECTOR	fram causes	and on the	date state	ed abov
22c PHYSICIAN'S NAME (Type)	Reynaldo	Orjuela	-Gomez, M.		22d ADDRESS 7620 York					
230 BURIAL, CREMATIO REMOVAL (Specify)	2/9/67		23c NAME OF CEMETER Moreland F		Cemetery	Pa	TION (City or To	. Md.	,,	(Stote)
24. FUNERAL DIRECTOR ULlrich F	uneral Home	4210 B	ADDRESS clair Road	1.	2So. REC'D	BY REGISTRAF	R 25b. RE	GISTRAR'S SIGNA	TURE)



VI AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2 IIRITAL RESIDENCE (Where deceased fixed, if Institution; Residence before edmission) PLACE OF DEATH **B. COUNTY** b. COUNTY Baltimore Maryland Bal+ MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate l'mits. E. LENGTH OF STAY IN 16 write RURAL and give nearest town! Dundalk Dundalk d STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Liberty Porkugy YES NO 4. DATE Yeer 3. NAME OF Middle Month OF DECEASED Levera Pr.tt Las DEATH Fabruary (Type or print) 19 67 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 5. SEX last birthday) Months | Days Hours WIDOWED [DIVORCED 12, CITIZEN OF WHAT COUNTRY? 10s. USUAL OCCUPATION (Give kind of work 105 KIND OF BUSINESS OR INDUSTRY, IT SIRTHP, ACE (County & State, or fore gn country) done during most of working life, even if retired) louravife North Carelina 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Fra is MERCO à d dress 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17, INFORMANT (Yes, no, or unkown) | (Myesgive war or dates of service) Mr. Henry W. Lee. sh a galma or an abuve INTERVAL BETWEEN 18. CAUSE OF DEATH If nier only one cause per i ne for (a). (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON G.YEN IN PART II. 19. WAS AUTOPSY PERFORMED? NO NO 20b DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Part II of 'tem IB') 200. ACCIDENT WAS UNDERLYING LANGE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 20c. TIME OF INJURY

Hour a.m.

While Not While et work at work factory, street, office bldg., etc.)

to .. 196.7, that (I) (we) last

M, from the causes and on the date stated above.

21. 1 certify that (1) (this hospital) attended the deceased from ... 19.67, and that death occurred at saw the deceased alive on... 22a. SIGNATURE

M.D.

23c NAME OF CEMETERY OR CREMATORY

ATTENDING PHYS

STAFF PHYS. DATE SIGNED

OF

98

use

and

completely

24 FUNERAL DIRECTOR'S SIGNATURE

238, BURIAL, CREMATION. | 236, DATE THEREOF

22c. PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

"101 11 L

MED.

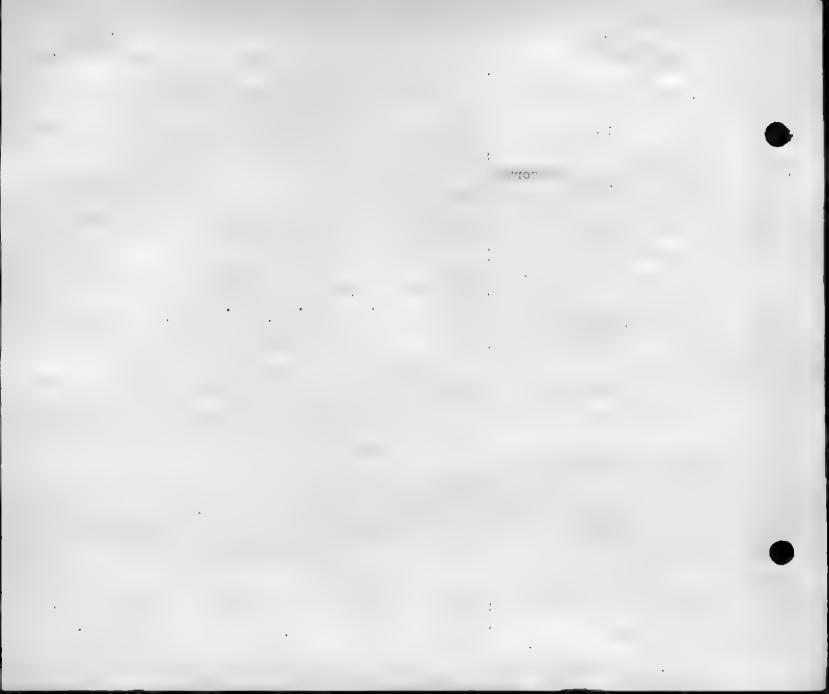
DIRECTOR

Forsyth, J.

25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

1 23d. LOCATION (City, fown or county)

VR A15 (4) 15M 7-62



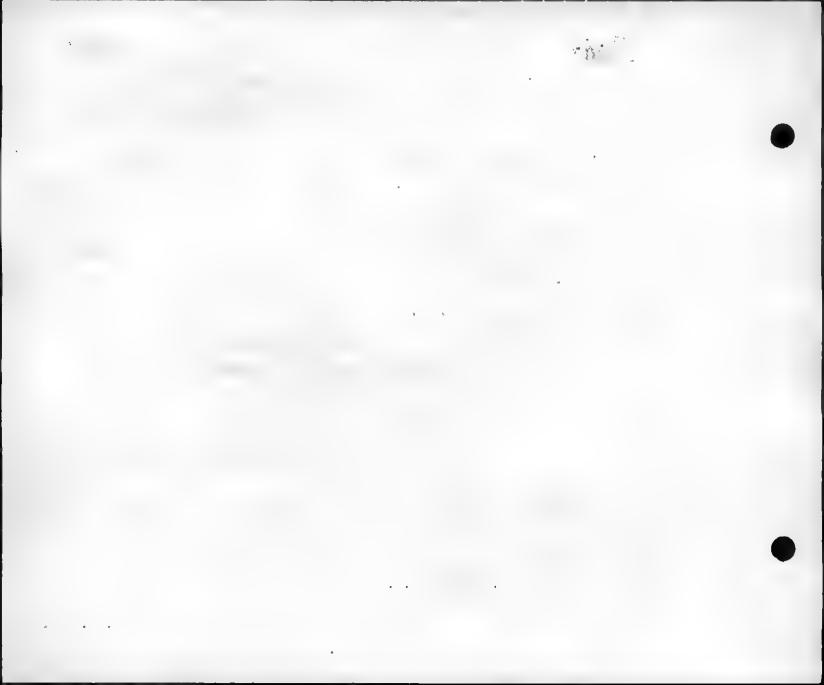
VR A15 (4) 1 20M 1/65 W

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 1	MARYLANI
01863	CERTIFICATE OF DEATH	01859

1. PLACE OF DEATH a. CDUNTY Baltimore b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Armacost Nursing Home 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss a. STATE Maryland c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore d. STREET ADDRESS ON A FARM OF ON A FARM OF ON A FARM OF ON A FARM OF OF ON A FARM O	
Baltimore b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore 12 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Armacost Nursing Home 3 NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) Mary Harris 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 1 Page Hours Month Day	ien)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore 12 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Armacost Nursing Home 3 NAME OF DECEASED (Type or print) Mary Harris 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. B. DATE OF BIRTH C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore d. STREET ADDRESS G. STREET	
Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Armacost Nursing Home Guilford Towers Apts Guilford Towers Apts Nonth Baltimore d. STREET ADDRESS ON A FARM YES NO NO NAME OF DECEASED (Type or print) Mary Harris SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED Baltimore d. STREET ADDRESS HOUTE APT NO DEATH Feb. 8 1967 S. SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years If UNDER 1948 House Married Marry Months Days House Married Married Married Months Days House Married Months Days House Married Married Months Days House Married Months Days House Married Married Married Months Days House Married Ma	wn)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Armacost Nursing Home Guilford Towers Apts First Middle Last Guilford Towers Apts Nonth Decreased (Type or print) Mary Harris Lee G. COLOR OR RACE A. MARRIED NEVER MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years [if Under 1984] Hours 1 Mark Days Days Days Days Days Days Days Da	
Armacost Nursing Home Guilford Towers Apts Note: The control of	VCE
DECEASED (Type or print) Mary Harris Lee DEATH Feb 8 1967	
(Type or print) Mary Harris Lee DEATH Feb. 8 1967 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years if UNDER 1 YEAR FUNDER 24 last birthday) Months Days Hours M	_
I last pirtuiday/ Months Dave Hours M	
	HRS.
F' WIDOWED DIVORCED 11/10/1878 88 yrs.	
to a USUAL OCCUPATION (Give kind of work done and of work done in the state of foreign country) 12. CITIZEN OF WHAT country? 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
Homemaker Own Home Baltimore, Md. U.S.A.	
13. FATHER'S NAME	
Joseph Conklin Harris Mary Hamilton Kuhn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1716 Circle Road	
No 216-46-37417 Mrs.T. H. Marshall Ruxton, Md.	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH WAS CAUSED BY	EN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) The second secon	
Conditions, If any, which) DUE TO Cerebral Interescherosey.	
Conditions, If any, which gave rise to immediate (b) Cliebral Sphliuselease,	
cause (a), stating the DUE TO	
underlying cause last.) (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOP	ev-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) B CONTRIBUTING 20b. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
B OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
E 20c. TIME DE INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State	2)
20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State factory, street, office bldg., etc.) 20f. (City or town) 20f. (Ci	
21. I certify that (I) (this hospital) attended the deceased from June 1 19 5 to Fub-8, 1966, that (I) (we)	last
saw the deceased alive on 1966 and the death occurred at 9.33M, from the causes and on the date stated about	
22a. SIGNATURE 22b. DATE SIGNED	
M.D. PHYS. DIRECTOR PHYS.	
22c. PHYSICIAN'S 22d. ADDRESS	
Dr. Mark Dugan 15 E. Biddle St.	
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	
Burial 2/10/1967 New Cathedral Baltimore Md	
25a. REC'D BY REGISTRAR'S SIGNATURE	
Balto 12 Md.	



1	I	tems	18-21	Film	386 =	VITAL RE	IRYLA	ND: STA1	E DEP	ARTMENT IN STREET,	OF HEA	ALTH DRE. MA	RYLAND	21201			
FOR STATE		01	864							CERTIFI					018	360	
HEALTH DEPT		PLACE O		BALTI	MORE			MAR	YLAND	2. USUAL F o STATE	RESIDENCE (I Mar	Where dec			n Residen		
and 3 M3. Po		b (TY (R TOWN (I RURAL and DALI	f outside corporal give nearest to	ote I mits, own)			OOA		c CITY OR	TOWN (If ou	tside corp	orote limits,	write RURA	L ond give	neorest	
es 1, 2, form P form P	14	d NAME	OF HOSPITA	OUNTY	ON (If not in		ive stree	t oddress)		d STREET /		.7 Gw	ynn O	ak Av	enue		S RESIDENCE ON A FARMER
Pognith ith		3 NAME O DECEASE (Type or	F D		First Edna			Middle G.		LEIS		4 DATE OF DEAT	F	Month ebrua		Doy	Year 19 67
offer adonce		S SEX	- 1	6. COLOR OR F	RACE 7	MARRIED WIDOWED	N N	EVER MARRIE D VORCE	D	B DATE OF B		377	9 AGE (III	rthdoy)	Months Months		FUNDER 24 HRS Hours Min
24 hours of in Item 18. r's Office alc		during most	CCUPATION	(Give kind of wo	ork done	10P KIV		SINESS OR	<u>- []</u>		PLACE (Stote			λι2	[CO.	ZEN OF USA	WHAT
athin pencil ominer e page		13 FATHER	S NAME	R D. W	EBSTI		- 220			14 MOTHE	RS MAIDEN I	NAME	M			W. 646.6	
Di Pi				R IN J.S ARMED		3		CUR TY NO	1	NFORMANT 188 M	ARIE	E.	LEIS!	Address I Sai		s #	2
id be executed rd 'pending' Ch ef Medical thonsit permit.	İ	18 CA	USE OF DE ART 1. DEAT	ATH (Enter on y IH WAS CAUSED	one cause BY (E CAUSE (o)	per line for ((a), (b),	and (c))		d - A	ssoci	ated	with	1		INTE	RVAL BETWEEN T AND DEATH
wo wo the the		Cond t		, which gove)	DUE TO	fre	acti	are of	lef	t rad	ius a				_		
certificate ships writing the orwarded to to used as a bur oval, and in a		rise to stoting last	the under	e couse (o) rlying couse	DUE 10	la	cera	tions	of	scalp							
5 5 7	440	PART	OTHER SI	GNIFICANT COND	onfu!	RIP ING I	o DEATH	BJT NOT RE	LATED TO	THE TERM NAL Senil	disease co	ND I ON 5	IVEN N PAR	RT 1(0)		19 Y	VAS AUTOPSY PERFORMED?
		CAUSE!	KTERNAL CA BY (A) or COI OF DEATH	SE WAS NTR BUTING [Had Had	CR BE H	ow injury o	ccurred	(Enter noture Of N on ic	of intry in ursin	Part Lor F	Port I of te	id ap	pare		
EXAMINER: cute the cert oge 4 should your fles. Poge 3 shou cremation, o		Appl Appl	ME OF N.	RY Month Doy	. Year .9 19 67	20d IN While of work	JURY QC	C DDED	70 n D A	CE AE IL DV	Hamo form	. Hom	e Ran	town)	(Cou	nty) n Ba	(State) Lto.Md
AT For Policy Control of Polic		21	1 certify	y that I taak ed fram.	charge c	of the rem	na ns d	escribed a	bave, he	ld an Auto	psy X,	Inspe	ction 🔲	, Inqui	ry 🔲,	and	in my apinic
MEDIC. please et l'director retained L'DIRECTOR		ACTUA	t	1	sel	07	4	whe		CH	HEF MED CAL SISTANT MED	. EXAMINER	× X				. DATE SIGNE
EPUTY, sssory, funerally be on be INERAL	1	EXAMI	NER'S	Russe	11 S.	Fish				Ac	PUTY MED Co	t, cty, tow	n, or county	y)		20,	1967
TO F.		23a BUR A REMOT BUR	A (Specify	2/	DATE THERE 22/6'			NAME OF CEM		CREMATORY		W	COODL	AWN :	BALT		(Stote)
VR A15ME (5)	1	J. T.	STAN	8		_	DSO	ADDRESS R MIL	L RI	0.		D BY REGI	1967		ISTRAR'S SI		das



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01265

CERTIFICATE OF DEATH

01861

	2000		
PLACE o. COU	OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residence	e before admission)
0. 606	BALTIMORE MARYLAND	O STATEMARYLAND. 6 COUNTY BAL	TIMORE
b CITY	DR TOWN (If outside corporate mits, c LENGTH DF STAY IN 16	c CITY OR TOWN (If outs de corporate limits, wrste RURAL and g ve	nearest town)
4411	RURAL and give necrest town) Towson	BALTIMORE (21.	204)
A	OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	TER BALTIMORE MEDICAL CENTE	2. 8227 CARRIBRIDGE CI	PUEKES NO E
3 NAME DECEA (Type	En -T. II. I	LEONARD DEATH FEB, 2	Doy Year 6 19 6 7
S. SEX		DATE OF BIRTH 9 AGE (n years FUNDER 1 10 AGE (n years FUNDER 1 10 AGE (n years FUNDER 1 10 AGE (n years FUNDER 1) 10 AGE (n years FUNDER 1) 11 AGE (n years FUNDER 1)	YEAR IF UNDER 24 HRS Days Hours Min
	OCCUPATION (Give kind of work done to f working life, even if retired) DINC MATERIALS (Fresident)	11 BIRTHPLACE (County & State, or foreign country) BALTIMORE, MD. COU	ZEN OF WHAT NTRY? U.S.
13. FATH		14. MOTHER'S MAIDEN NAME ***********************************	olle
(Yes, na, o		NFORMANT Address (San	ne)
1B.	AUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	OF LUNG-	INTERVAL BETWEEN ONSET AND DEATH
Cond	DUE TO		
	ians, if any, which gave (b)		
stotu lost.	g the underlying couse		
	(c) I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY
NOL	TOTAL STORTHORN COMMINGE CONTROL TO SEATH BUT HOT RESILECTED	THE PERSONAL PROPERTY CONDITION OF THE PARTY TO	PERFORMED?
S OR (CCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (NTRIBUTING CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)	Enter nature of Mury in Port I or Port 1 of Item 18)	113 [9] 110
= -	ME OF NJURY Month Day, Year 2Dd INJURY OCCURRED 2De PLAC	E OF INJURY (Home, farm, 20f (City or town) (Cour pry, street, office bldg., etc.)	nty) (State)
2	I certify that (1) (this haspital) attended the deceased from jaw the deceased alive an Feb. 26, 19.67, and that	death accurred at 13 M, fram causes and an the	2, that (I) (we) la
	SIGNATURE C C SISS M.D	ATTENDING MED. STAFF 22b. DAT	
22 c.	PHYSICIAN'S CC. SHIH M.D.	6701 N Charles St. G	BMC
230 BUR REM	a CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CONTINUE AND A CREMATION OF CEMET	morial Cem. 23d 10CAT ON (City or Town) (morial Cem. Elkridge, Md	County) (State)
	RAL DIRECTOR and J. Ruck, Inc. Palto. Md. 21214	DATE FEB 2 7 1967 PEGASTAR'S SIGNARY	es Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Panel American has returned by the hospital or ottending physician

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE 01866 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission o. COUNTY **b** COUNTY BALTIMORE b CITY OR TOWN (t autside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) write RURAL and give nearest town) 20 DAYS BALLTIMORE FORT HOWARD d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? 409 S. AUGUSTA AVENUE VETERANS ADMINISTRATION HOSPITAL NO NAME OF First Middle 4 DATE Month DECEASED LEONARD FEBRUARY 16 MALLITW J. 6 (Type or print) DEATH S SEX 6 COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED X NEVER MARRIED AGE (n years (thdoy) 12/2/24 male WHITE DIVORCED WIDOWED 100 USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) HNOUSTRY U.S.A. BALTIMORE. MARYLAND TRUCK DRIVER

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WINFRED ADAMS WILLIAM J. LEONARD 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (It yes give war or dates of service) 54 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. 219 10 05 18 CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY BRONCHOGENIC CARCINOMA IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave nse to immediate couse (o), DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF E THER, NOTIFY MEDICAL EXAM NER) 20c T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form, ((ty or town) (County) (Stote) Hour om. foctory, street, office bldg, etc.) Not While ta 2/16/67 21. I certify that ***(this haspital) oftended the deceased fram and that death occurred at 10:25 Mrom causes and an the gate stated above. sow the deceased alive on 2/16/67 19 220 SIGNATURE 22b DATES GNED 2/16/67 D RECTOR HOWARD, MARYLAND ELFATRICK, M. D. 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) BALTIMORE, MARYLAND BAITIMORE NATIONAL 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE

death. 24 hours after The law requires that the death certificate TO HOSPITAL

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signed l

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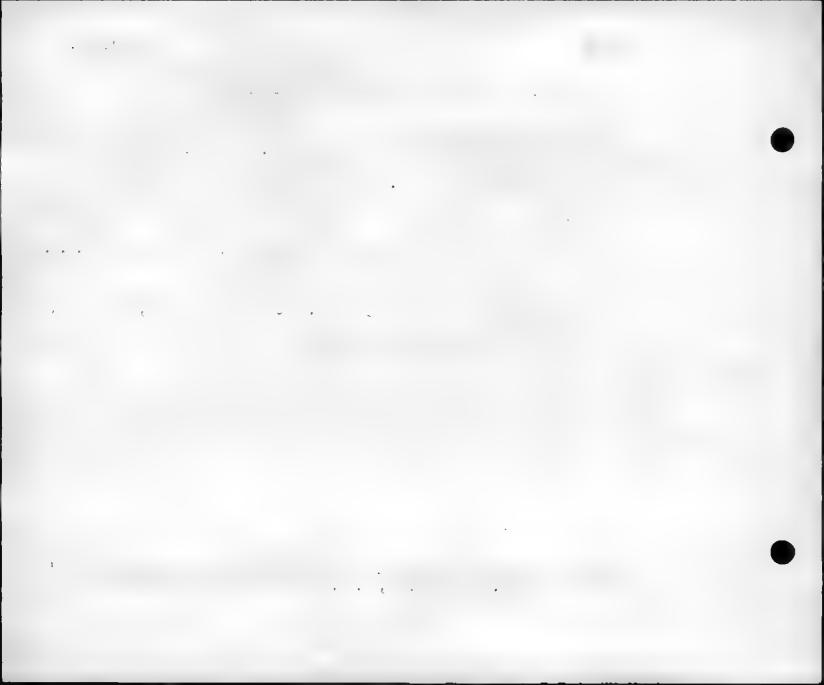
for use as the b

detached

af Health

director, page shauld be filed TO FUNERAL VR A15 (4)

DIRECTOR:



DIVISION OF VITAL RECORDS 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201

	01867	CERTIFICATE	OF DEATH		01863
1.	a COUNTY Ballimore	MARYLAND	2 USUAL RESIDENCE (When	e deceased fived, if institution b. COUNTY	Residence before admission)
	b CITY OR TOWN (If autside carparate mits, write RURAL and give nearest town)	C LENGTH OF STAY IN 16		corporate Fm ts, write RURAL	
	d NAME OF HOSPITAL OR INSTITUTION (IF par in hasp	ned, Esenter	d STREET ADDRESS	leaggivele	PARTIES NO 18
	NAME OF DECASED (Type ar pnnt) SEX 6 COLOR OR RACE 7 MARI	5 Elizabe	Th Lett	DATE OF DEATH 013/6	Day Year 19 UNDER I YEAR IF JNDER 24 HRS
	F W WIDOW		9 - 11 - 00	ost birthday) M	UNDER I YEAR IF UNDER 24 HRS Ionths Days Hours Min
dυ	ring most of working life even if ret red) FATHER S NAME	INDUSTRY	Balto. 14 MOTHER'S MAIDEN NAME	Md.	COUNTRY?
L	ErnesTA171 WAS DECEASED EVER IN S ARMED FORCES?	Ter Bo	SieBow		
(Y	es, no, or unknawn) (f yes give war ar dates af service)	Na b	Jarry Le	tt La	uel Med
	18 CAUSE OF DEATH (Enter only one couse per lin PART I DEATH WAS CAUSED BY: !MMEDIATE CAUSE (a) DUE TO	Merastanes of	pandeatic	carcinoma	ONSET AND DEATH
	(andstans, if any, which gave nse ta immediate cause (a), stating the underlying cause DUE TO	Pauereatic	Carcinoma		
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO I	HE TERMINAL DISEASE CONDIT	ON GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
CERTIFICATION	20g ACCIDENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part	l ar Part L of Hem 1B)	YES NO X
MEDICAL	Haur a.m.		E OF INJURY (Hame, farm, pry, street, affice bldg., etc.)	20f (City or town)	(County) (State)
	21. I certify that (I) (this haspital) as saw the deceased alive an 2		death accurred at 9	7 , ta <u>2/3</u> P _M , fram causes and	, 19 67 , that (I) (we) tas d an the date stated above
	220 SIGNATURE LAND	me Mc	ATTENDING MED DIRE	CTOR STAFF PHYS	22b DATE SIGNED
	22c. PHYSICIAN S NAME (Type) JUAN	L. ROQUE	68 N		me MD 21204
23	a BUR AL CREMATION, 236 DATE THEREOF	23c NAME OF CEMPTERY OR O	REMATORY 25G, REED BY	23d LOCATION (City or Town) REGISTRAR 256 PAGES	COUNTY (STOTE)
1	WEDDING THE STAN	Dille Ledersky	DATE FE	DIE MARTY	Ciarles Judo.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial age campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death. Page 4 may be retained by the haspita or attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate, be executed within 24 haurs after death.

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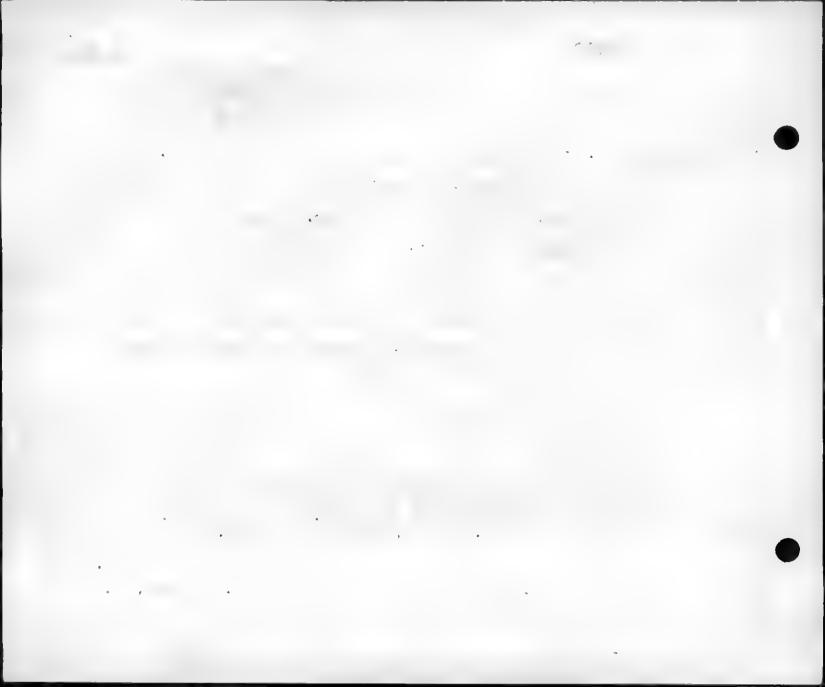
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

018	68	CERTIFICATE OF DEATH					01864				
	timere		MARYLÂN	D 0.	ual residence (v STATE Mary		ed lived, if institu b. COU		ce before	admission)	
write RUR <u>A</u> L an	b CITY OR TOWN (If outs de corporate Limits, write RURAL and give nearest tawn) Baltimere Life			c CIT	c CITY OR TOWN (If auts de carparate limits, write RURAL and give nearest town) Beltimere 21224						
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street St. Joseph Hospital						ens St.			e IS RESIDENCE ON A FARM? YES NO	
3 NAME OF DECEASED (Type or poor)	First	dan A.	Middle Lezanski	-11	Lost	4 DATE OII DEATH	Mon Febru		Doy 9	Year 19 67	
s sex	6 COLOR OR RACE	7. MARRIED X	NEVER MARRIED [D VORCED [_	OF BIRTH 19	909 9	AGE (In years last b rihday)	IF UNDER 1 Manths		IF UNDER 24 HRS. Haurs Min	
10a USUAL OCCUPAT D during most of working Self	N (Give kind of work done life, even if retired)	10b KIND O INDUST Mech	F BLSINESS OR RY CALC	11.6	RTHPLACE (County Baltimer		eign country)	CO.	ZEN OF JNTRY?		
13. FATHER S NAME	ALTER A	LOZAN	15/1	14. N	OTHER'S MAIDEN N		TAFAL	1541			
	R IN U.S. ARMED FORCES? (If yes give war or dates of s	arusal	U3 4239	17 INFORM	ANT Kelen C.	Joza	urki - 29	ess (118 C	Irle	ars -87.	
PART ! DEA / L 3 X Conditions, if any rise ta immedia stating the unde	(b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Car	cimena of					asis	ONS	ERVAL BETWEEN SET AND DEATH	
PART II OTHER S 200 ACCIDENT WA OR CONTRIBUTION	SHINDERLYING T		ATH BUT NOT RELATED							WAS AUTOPSY PERFORMED? ES NOX	
	MEDICAL EXAMINER)						,				
Haur a.	n, 19	20d INJURY While of wark	Nat While of work	factary, stre	JURY (Home, form et, affice bldg., etc.)		(City or town)		inty)	(State)	
saw the d	21 certify that (I) (this hospital) attended the deceosed from 321 21 , 1967, ta Feb. 9 , 1967, that (I) (we) lassaw the deceased alive on Feb. 9 1967, and that death accurred at FM. M, from couses and an the date stated above										
Las	220 SIGNATURE Let U - Ter leur time M.D PHYS. D DIRECTOR D PHYS 30 Feb. 9 1967										
	22c PHYSICIAN'S NAME (Type) Joel V. Tolentino 22d. ADDRESS 7620 York Rd. Baltimore, Md. 21204										
23a BUR AL, CREMATI REMOVAL (Specify CX) KIAL	2-13	0F 23	BE NAME OF CEMETER BALTIMORI		METCRY	-	ATION (City or To	Ms	(County)	, ,	
24. FUNERAL DIRECTO	Sill -	7334	ADDRESS	n 84	2So. REC'D	BY REGISTRA	4R 256 RI	GISTRAR'S SI	.45	-	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, or remayal, and event, within 72 hours after death

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law remures that the death certificate be executed within 211 hours after disoth. Page 4 may be retained by the haspital or attending physician.



7 1 (NI)

TO FUNERAL DIRICTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING ENYSICIAN: The law requires that the death bertificate be executed within 24 hours after death.

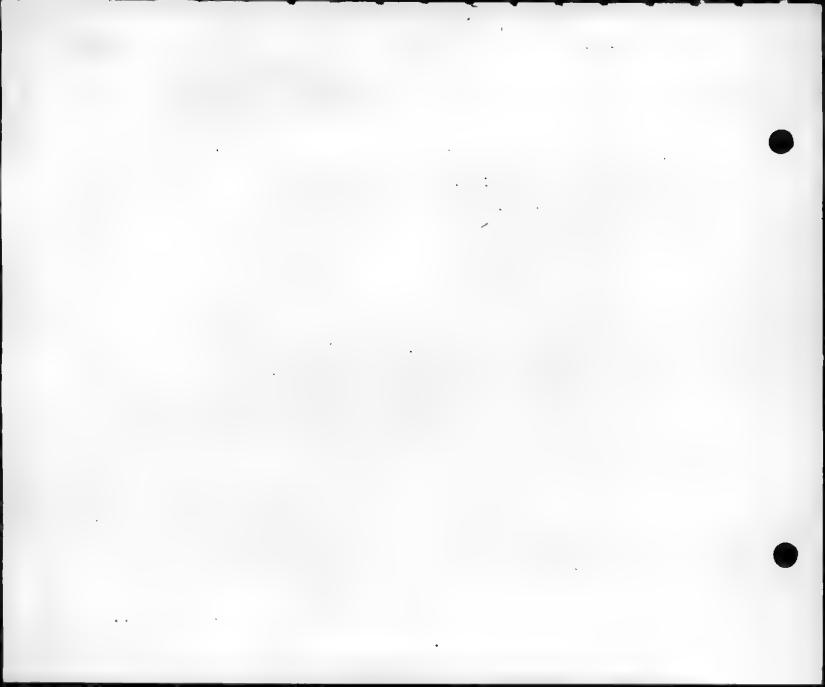
Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

01865

_					.000			
1.	PLACE OF DEATH			(Where deceased lived, If institution: R	tesidence béfore admission)			
	BALTIMORE	MARYLAND	MARY L	AND b. COUNTY	/			
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	ENGTH OF STAY IN 1b		itside corporate limits, write RURAL	and give nearest town)			
	Willo Kokwr and Bive heafest fown)		BALTI	MORE				
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospita	i, give street address	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
6		. CENTER	711 N.N	10MTFORD AV	E. YES NO S			
Э.	NAME OF First	Middle	Last	4. DATE Month	Day Year			
		0 406		DEATH FEBRUARY	7 1967			
5.	SEX 6. COLOR OR RACE 7. MARRIED N N	DIVORCED	12-01-09	9. AGE (In years IF UNDER last birthday) Months 57 yrs.	Days Hours Min.			
10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF	F BUSINESS OR	11. BIRTHPLACE (Coun	ity & State, or foreign country) 12. C	ITIZEN OF WHAT			
aur	Ing most of working life, even if retired) INDUST	RY	BALTIM	ORE MARYLAND	UNTRY?			
	FATHER'S NAME		14. MOTHER'S MAIDEN		<u> </u>			
	FELIX LOGUE		CARR	IE S. SCHAE	FER			
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIA	L SECURITY NO. 17.	INFORMANT	Address	, – 14			
(Ye	s, no, or unkown) (If yes give war or dates of service) 218-	01-5022						
	18. CAUSE OF DEATH [Enter only one cause per line for	(a) (b) and (c).]		_	INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY:	Kestr	valor, to	referre	ONSET AND DEATH			
	IMMEDIATE CAUSE (a)		-					
	Conditions If any which }	Rosiehro	newsuch	/.				
	gave rise to immediate							
_	underlying cause last. (c)	dgkui_		asl.				
101	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		ATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?			
:ICA	_i Readwothm	· Ulce	chest a.	Brek.	YES NO			
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING () 20b. DESCR OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCC	URRED, (Enter nature of in	fury in Part I or Part II of Item 18.	.)			
AR.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY	OCCURRED 20e. PL	ACE OF INJURY (Home, farm	, 20f. (City or town) (Cou	inty) (State)			
MEDICAL	Hour a.m. While N	iot while 📺 i	ory, street, office bldg., etc.)				
2	p.m. 19 at work 21. certify that (i) (this hospital) attended the	at work []	11- 2/ 10/	65 to 2-2 196	7. that (I) (we) last			
				34M, from the causes and on the				
	22a, SIGNATURE	, and the	it death occurred avav-		ATE SIGNED			
	Eff Casson a	M.	D. PHYS. ME		2/67			
	22c. PHYS CHAPS NAME (Type)		22d. ADDRESS					
	HAML (Type)							
23a		NAME OF CEMETER	y or crematory er Cemetery	23d. LOCATION (City, town or con Baltimore, Fid.	unty) (State)			
24.	FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 25b. REGISTRAR	S SIGNATURE			
	Scalmunck Tun ral Home, Inc. 3331 Brehms Lane #13		EDATE G	1967 Mares	e age			

VR AIS (4)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01870	CERTIFICATE

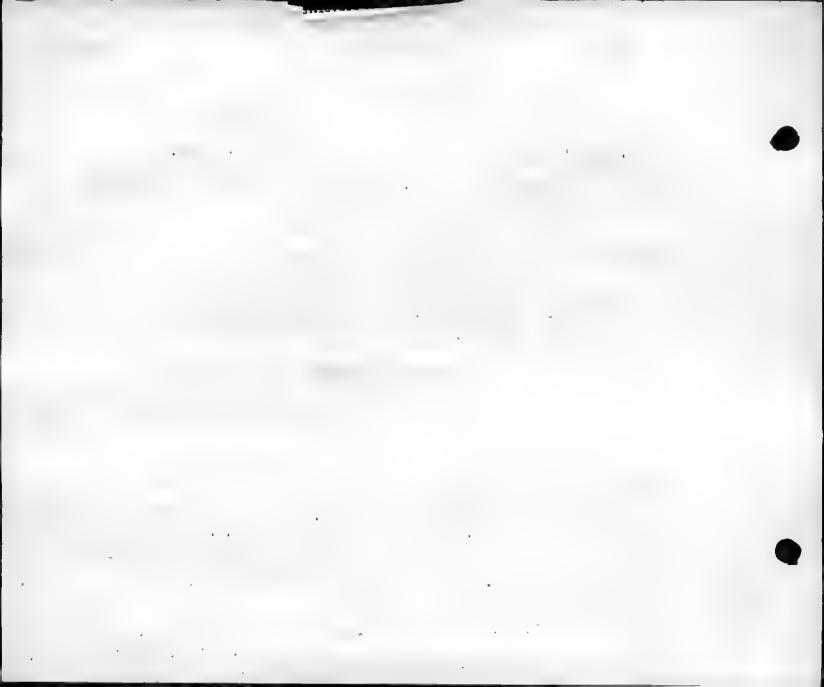
RTIFICATE OF DEATH

01866

7												
	1. [PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY								
		o. COUNTY Bal	timore			ARYLAND	Marwla	nd		Balt	imor	
		b, CITY OR TOWN (write RURAL on	f outside corparate limit d give nearest tawn) 15011 LL	S,	c LENGTH OF STA	Y IN 1b	c CITY DR TOWN (If autside carparate limits, write RURAL and give nearest town) Baltimore					
	1		AL OR INSTITUTION (If no	at in hospital, g	give street address)		d. STREET ADDRESS 0 IS RESIDENCE ON A FARM?					
4		St.Jos	eph's Hospi	tal			6211 Ma	rietta	Ave.		YES NO	
		NAME OF	F	rst	Middle		Last	4. DATE	Man		Day	Year
	(Type or pont) William			F.	LOS	CH	OF DEATH	Fe	bruary		1967	
	5 :	male	6 COLOR OR RACE White	7 MARRIED WIDOWED	NEVER MARR		8 DATE OF BIRTH 6715/72	9.	AGE (n years last b rthday)	Months		UNDER 24 HRS Hours Min
	10o. đuri	. USUAL OCCUPATION ing most of working Mainte	(Give kind of wark done life, even if retired)	10b K)	ND OF BUSINESS OR IDUSTRY		Penna.	& State, or Fare	ign country)		EN OF W	HAT
	13	FATHER S NAME	Herrioto				14 MOTHER'S MAIDEN	NAME				
			? Losch				Unbr	novm				
			R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO	17	INFORMANT		Addı	ess		
	(Ye	s, na, ar uhknawn) No	(If yes give wor or dates of	2 service	15-07-011	7 R	aymond C. Bu	assey S	r. (Ste	p-Son)		
		18 CAUSE OF D	EATH (Enter only one cou	ise per line far	(a), (b), and (c),) cerebral	throm				Ī		AL BETWEEN AND DEATH
/		1193	/ IMMEDIATE CAUSE	(a)								
		Conditions, if any	√ DUE which gove Δ		terminal	pneu	nonia					
		rise to immediat	e couse (o), ((b)								
		stating the unde	rlying couse	(c)								
ź	ATION	PART II OTHER S	GNIFICANT CONDITIONS (TO DEATH BUT NOT	RELATED TO	THE TERMINAL DISEASE CO	NOITION GIVEN	IN PART 1(0)		19 W. PE YES	AS AUTOPSY REORMED?
	CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	(Enter nature of injury in	Part 1 or Part I	l of item 18)						
	MEDICAL	Hour a.	m. 19	While at war	k Latwark L] foc	CE OF INJURY (Hame, farn lary, street, affice bldg., etc.		(City or town)	(Cour	ty)	(State)
		21. 1 certi	ify that (I) (this has	pital) atten	ded the decease 18 19 67	ed fram_ , and the	t death accurred at			and on the	, that date:	(1) (we) last stated abave.
		220. SIGNATURE A SILT M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 2-18-67										
1		22c. PHYSICIAN I NAME (Type		۴-	lit		^{22d} 7826 Yo	ork Roa	d, Balt	imore	2120	4, Ma.
	23 a	BURIAL, CREMATI REMOVAL (Specify Burial)		23c NAME OF C				ATION (City or To		County)	(Stote)
	9.4			1, 196	7 Sallada ADDRESS	sburg	Cemetery 12% PEC	Solle D BY REGISTRA	daaburg	Penna Heistrar s sig		
		FUNERAL DIRECTO		209 Yo	nic Dond	12		FEB 2	1967	Icha		Judge.
	- 2.7		A1.01 1000	BULLO.						- 1		7-0-

ond completely filled in by the funeral fremove corbon popers. Pages 1 and 2 in any event, within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending phy director, page 3 should be detached for use as the buriol-tronsit permit. Then, should be filed with the State Dept. of Health prior to buriol, cremotron, ar removal

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

018	7.1	CERTIFICAT			01867
1. PLACE OF BEAT. 6. COUNTY Balti	more	MARYLAND	2. USUAL RESIDENCE	(Where deceased lived, If II b. COUNT December 1	nstitution: Residence before adm sstor
write RURAL an-	(if outside corporate limits, digive nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF Catons v.)		RURAL and give nearest fown]
d. NAME OF HOSP		t in hospital, give street address)	d. STREET ADDRESS		a, IS RESIDENC
Summit Nur			617 Alde	ershot Road	21229 YES NO [
3. NAME OF DECEASED	First	M ddle	Lest	DATE Month	Day Yaar
(Typa or print)	Haymo		Lyeth	DEATH FEBRU	
5 SEX Male	White w	IDOWED DIVORCED A	pril 28, 1885	9 AGE (In years law birthday)	Months Days Hours Min.
dona during most of w	TION (Give kind of work briting life, even if retired) Carrier	10b. KIND OF BUSINESS OF INDUSTI	Baltimore	20.0	12, CITIZEN OF WHAT COUNTR
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA		
Samuel	Lyeth		Cather	ine	
	VER IN U.S. ARMED FORCES Hyesgive were detection in None	217-01-1218 Mr	s. Mollie Lye	th same address	ess as above
CATIO	DUE TO (c) (c) (c)	ALTEROSCUPPINE LANGE CONTRIBUTING TO DEATH BUT NO.	OT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVE	EN IN PART 1(e) 19. WAS AUTOPS: PERFORMED? YES NO Z
	G CAUSE OF DEATH Y MEDICAL EXAMINER) URY Month, Day, Yeer	, 20d. INJURY OCCURRED , 20e. PL	ACE OF INJURY (Home, ferm story, street, office bldg., etc.)		(County) (Stele)
21. I certify saw the decea		attended the deceased from.	*		, 1962, that (I) (we) land on the date stated above
22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type		agn do. Gallagersn_	22d. ADDRESS	Diector phys	2-13-67
23a. BURIAL CREMAT	TION, 236. DATE THEREO	23c. NAME OF CEMETERY		23d. LOCATION (City, tow	
Burial 24 FUNERAL DIRECTO	2/15/1967	Woodlawn Ce	25e. REC'E	Woodlawn, Ma	
Wm. 1. 74	when is	eno westle 1-1	on autoute t	EB 1 4 196/	Judge Judge

TO HOSPITAL ASTENDING PHYSICIAN: The law requires that the death certificate be executed with 24 hours after death. Page 4 n.y be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely. In by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please region, earbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (1)



*Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

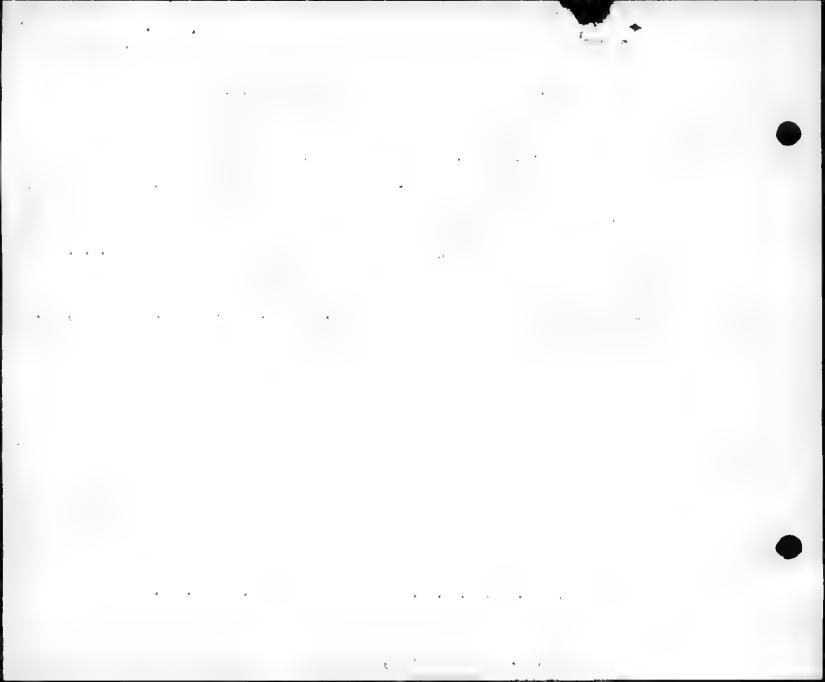
01872

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01868

1 PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, if institution. Residence betare admission)					
o. COUNTY	INTMORE		MARYLAND	o. STATE	ARYLAND 6 COUNTY	-			
b CITY OR TOWN	(If autside corparate mits,	-	c LENGTH OF STAY IN 16		utside corporate im ts write RURAL and g	ve nearest (awn)			
FORT H	id give nearest town)		4 DAYS	BATI	PIMORE				
	TAL OR INSTITUTION (If not	in haspital, as		d STREET ADDRESS	11.6703	e IS RESIDENCE			
	ADMINISTRAT		•	1815 BARCI	LAY STREET	ON A FARM? YES NO K			
3 NAME OF	Firs		Middle	Lost	4 DATE Manth	Day Year			
DECEASED (Type or print)	ARTH	TUR	\mathbf{D}_{\bullet}	MADDEN	OF FEBRUARY	24 19 67			
S. SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS			
MALE	NEGRO	WIDOWED	DIVORCED	10/24/21	45 yrs. Manths				
IDa USUAL OCCUPAT O during mast of warking	N (Give kind of work done		ID OF BUSINESS OR DUSTRY	11 BIRTHPLACE (Stote		TATEN OF WHAT			
LABORER	3 1110, 0 0 0 1 1 1 0 111 0 0 3		JOBS	BALITIMORI	E, MARYLAND	OUNTRY?			
13. FATHER'S NAME				14. MOTHER'S MAIDEN					
JOSEPH M	ADDEN			FANNI	E HUNTER				
IS WAS DECEASED EV	ER NUS ARMED FORCES?	16 5	OCIAL SECURITY NO 17	INFORMANT	Address				
YES (Tes, no, ar unknown)	ER NUS ARMED FORCES? (If yes give war ar dotes of	212	14 35 54 CL	IN.RECORDS,	VA HOSPITAL, FT HO	OWARD, MD.			
18. CAUSE OF D	EATH (Enter only one cause ATH WAS CAUSED BY:	,				INTERVAL BETWEEN			
FARI 1. DEA	IMMEDIATE CAUSE (c	FRACI	URE CERVICAL	SPINE C5		32 DAYS			
100	DOLI	0							
Conditions, if any		o)							
rise to Immedia stating the undi	re couse (a), DUE T	0							
last.		c)							
PART II OTHER S	IGNIFICANT CONDITIONS CO	NTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CO	NDITION GIVEN IN PART 1(o)	19 WAS AUTOPSY			
9						PERFORMED? YES NO K			
2Da EXTERNAL C		20b. DES	CR BE HOW NURY OCCURRED	(Enter nature of injury in	Part Lor Part Laf Item 18)	100 [100 [100			
2Da EXTERNAL CL PRIMARY I ar CC CAUSE OF DEATH	DATRIBUT.NG 🗆		DOWN STAIRS	(, , , , , , , , , , , , , , , , , , , ,				
	URY Month, Day, Year			(# O F NJURY (Hame farn	n. 2Dt (City or town) (C	ounty) (State)			
20x T ME OF INJ		Wh e of wark	Not While and loca	ony street, office bldg, etc		17			
21 I certii	y that I taak charge		ains described above, he	ld an Autapsy 🔲,	Inspection X, Inquiry ,	ond in my opiniar			
death resul	ted fram. Natural	causes	Accident 🔏 Suic	ide , Hamicide		_ ' '			
	CHIEF MEDICAL EXAMINER								
ACTUAL SIGNATURE		س ۾ هوسسنڌ " اسارا	7 1	M.D. ASS STANT MED	DICAL EXAMINER	22. DATE SIGNED			
EXAMINER'S NAME (Type)	MELVIN B. 1	DAVIS,	M. D. 6800 M	DEPLITY MED C	al examiner x day, Baltoniy Md. 2122	2 2/24/67			
23a BURIA, CREMATI	ON. 236 DATE THER		23c NAME OF CEMETERY OR		23d LOCATION (City or Town)	(County) (State)			
BURLAL	3-1-	67	BALTIMORE N	ATIONAL	BALTIMORE, MAR	RYLAND			
	OR RAYNER SAN	IDERS	ADDRESS	2So REC	D BY REGISTRAR 2Sb REGISTRARS	SIGNATURE			
FINEDAT L			n Ctuant Date	3 man 0477 F	TER 8 90007 HOLD	anale in a			

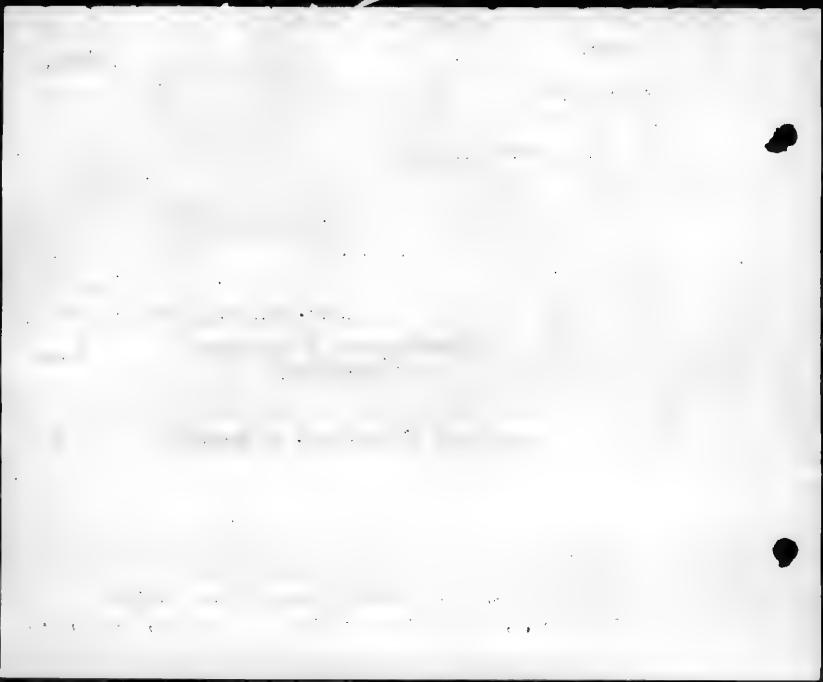
VR A15ME (5)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AIS (4) 20M I/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 381 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OF STATISTICAL RESEARCH AND RECORDS AT THE PROPERTY OF DEATH

Ttom #7 Rilm #0368 675/6	7 VI DEATH
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence betare admission)
Baltimore County MARYLAND	Maryland Charles Co.
b. CITY OR TOWN (if putside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Mount Wilson 7 mo	Nantemoy (Rural)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AODRESS . e. IS RESIOENCE
Mount Wilson State Hospital	ON A FARM?
	YES NO A
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print)	VICACIOX DEATH & 6 1967
AA MARKED A HEVER MARKIED	DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Oays Hours Min.
WIDOWED DIVORCED	3.22.02 64 yrs. Months days routs min.
10a USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR during most of working life, even if retired) INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INOUSTRY U.S.N.P.P.	Maryland COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Maddox	Maria Posey
	INFORMANT Address
No 2 Rec	cords, Mt. Wilson State Hospital
18. CAUSE OF CEATH LEnter only one cause per line for (a), (b), and (c).]	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: 15 You chogenie	a Carcinoma
1621 DUE TO -2	, web.
Conditions, if any, which \ (b)	asteses
gave rise to immediate Cause (a), stating the DUE TO	
underlying cause last.	
1 /1 (0)	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
3 Min al Dilana	PERFORMEDY
20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE PLANT OF THE PROPERTY OF TH	The state of the s
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factors 19 while at work at work	y, street, officebldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	6. 14. 19.66 to 2 6 19.67, that (1) (we) last
	death occurred at 1235 M, from the causes and on the date stated above.
22a, SIGNATURE	22b. DATE SIGNED
Menor M.D.	ATTENDING MED. STAFF 2.6.67
220 PHYSIO AT S	22d. AOORESS
Wm. NAME (Type) Wm. Newcomer, M.D. Superintendent	38 4 54 8 54 5
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial (Specify) Feb. 9, 1967 Nanjemoy Ba	
24. FUNERAL DIRECTOR ADDRESS	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
3 ADDRESS +	
the hux Tunent / House tage	Luta DATE FEB 16 1967 Charles Judge



01874

CERTIFICATE OF DEATH

01870

040	- AR							VIL	700		
1. PLACE OF DEATH						Where deceosed lived, if	institut on Resid	lence before	admission)		
o. COUNTY	7.1.2		MARYLA	AND	o. STATE		b. COUNTYBal	timor	'e		
P CITA OB TOMM	altimore (If auts de carparate l'mits,	1.4	LENGTH OF STAY IN		(ITY OR TOWN (If outside carparate limits, write RURA, and give nearest fown)						
	d give nearest tawn)	,	LENGTH OF STATEM	10	t CHT OK TOWN (IT outside carporate limits, write KUKAL and give nearest fawn)						
arm.	altimore				Baltimore	27204					
	TAL OR INSTITUT ON (If not in		street address)		d. STREET ADDRESS	4-4-		€	ON A FARM?		
St. Joseph Hospital					I674 Mussula Rd.				AF2 NO 🛣		
3. NAME OF DECEASED	First		Middle		Last	4. DATE	Month	Doy	Year		
(Type or print)	Baby Gi	rl		Ma	lthan	OF DEATH F	ebruary	4	19 67		
S. SEX	6 COLOR OR RACE 7	MARR:ED	NEVER MARRIED	1 8	DATE OF BIRTH	9. AGE (In)		ER I YEAR	IF UNDER 24 H		
Female	White	WIDOWED [DIVORCED		2/3/67	last birth	yrs.		Hours Mi		
Od USUAL OCCUPATIO for ng mart of working	N (Give kind of work done life even if retired)	106 KIND INDU	OF BUSINESS OR STRY		11. BIRTHPLACE (County Baltimore	& State, or foreign countr Maryland		C TIZEN OF COUNTRY?			
13. FATHER'S NAME		<u> </u>			14. MOTHER'S MAIDEN	NAME					
Charles	D. Maltham				Eleanor R. Clary						
IS WAS DECEASED BY	S WAS DECEASED EVER IN US ARMED FORCES? 16 SOCIAL SECURITY NO 17						Address				
Yes, no ar unknawn) (If yes give war or dates af service) No None					Parents	sa	me				
Conditions, if on rise to immedia stoting the under last.	te cause (a), Dus To										
PART II OTHER S	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY										
OR CONTRIBUTING	IS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205 DESCE	RIBE HOW INJURY OCC	URRED. (Enter noture of injury in	Port I or Port II of Item	18.)				
B Hour a.	URY Month, Day, Year m. 19	20d INJU While at work	Not While		E OF INJURY (Home, form ory, street, affice bldg., etc.		own) (County)	(Stote		
saw the c	21. I certify that (I) (this haspital) attended the deceased from Feb. 3, 1967, to Feb. 4, 1967, that (I) (we) lass saw the deceased alive an Feb. 4, 1967, and that death accurred at Market accurred at the stated above										
220. SIGNATURE M.D ATTENDING MED STAFF 226. DATE SIGNE M.D PHYS DIRECTOR PHYS. 52 Feb. 4											
	22c. PHYSICIAN'S NAME (Type) Jose S. Aguto 22d ADDRESS 7620 York Rd. Baltimore, Md. 2I204										
230. BUR AL, CREMATI REMOVAL (Specif		OF I	23c NAME OF CEMETE Holy Redee	ener	Cemetery		imore,				
24. FUNERAL DIRECTO			ADDRESS		2So. REC	D BY REGISTRAR	25b. REGISTRAR	S SIGNATUR	E		
Leonard J	Ruck. Inc.	Balto.	. Md. 2121	4	DATE	p a seet	1	10.1	and the		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 should be detached for use as the burnal transit permit. Here these remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remover, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requims that the death certificate be emecuted wi Page 4 may be retained by the haspital or attending physician.

in 24 hamrs after death.

VR ATS (4) 20 M 1/64



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MARYLAND STATE DEPARTMENT OF HEALTH

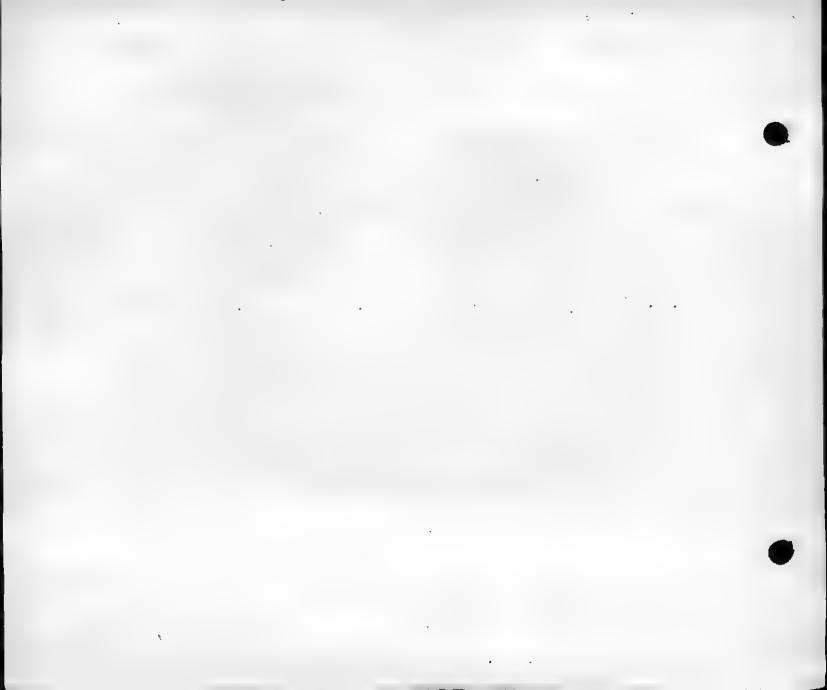
DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 01879 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY a. STATE **b** COUNTY MARYLAND Baltimore Maruland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Baltimore Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? OR INSTITUTION 3204 Woodvalley Drive 3204 Woodvalley Drive YES NO T NAME OF Exest Middle Lost 4. DATE Month Year DECEASED DEATH (Type or print) Jack L. Mazer February 19 67 IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 7. MARRIED THE NEVER MARRIED B DATE OF BIRTH AGE (In years last birthday) Months Days WIDOWED [DIVORCED | June Male 10a LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retail Baltimore, Maryland LISA Merchant 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bessie Horwitz Abraham Mazer WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (bodvalley Drive 216-09-1695 Frances Mazer. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO 4001 Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO N 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of I fem 18.) 20g ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Haur a.m. While Not while at work of work 21 1 certify that (1) (this haspital) attended the deceased fram. 196 and that death accurred at A.A.M., from the causes and on the date stated above saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED STAFF PHYS. 7 DIRECTOR _ MD. 22d, ADDRESS 22c/PHYS CIAN'S NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn, or county) 23a BURIAL, CREMATION (Stote) REMOVAL (Specify) 256 REGISTRAR'S S GNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR

Levinson & Bros. Inc., 6010 Reisterstown

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VR A15 (4) 15M 9/59



and 2 death: death. and r filled in by the furpapers. Pages 1 and 72 hours after d after hours event, within 72 within completely carbon executed remove any Ξ. d by the attending physician ransit permit. Then please remarion, or removal, and In death certificate be n signed by burial-transit burial, crema the hospital or attending physician. has been as the bu has for use Health p certif.cate PHYSICIAN: detached for the Dept. of I this DIRECTOR: After t age 3 should be de iled with the State retained page 4 may TO FUNERAL director, p

VR AI5 (4)

2DM 1/65 CERTIFICATION

MEDICAL

24. FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution) a. COUNTY Balto. Co. a. STATE b. COUNTY Balto. MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b Upperco Tá fe Upperco d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS DN A FARM? Black Rock Rd. Black Rock Rd. NO F YES NAME DE DATE Day Year First Middle Month Last DECEASED 67 Feb. Perti e Martin DEATH 19 (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. CDLDR OR RACE DATE OF BIRTH 8. 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours Female White WIDOWED 3 May 31, 1882 DIVORCED 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fereign country) COUNTRY? U.S.A Housewife Balto. Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joshua Thompson Sarah Armacost 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give war or dates of service)] Address 16. SOCIAL SECURITY NO. | 17. INFORMANT 217-48-1516 Mrs. Helen Bentz Upperco, Md. INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Myocarditis Arteriosclerotic Cardio Vascular Disease Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES T ND TX 2Da. ACCIDENT WAS UNDERLYING TO DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work 1962 21. I certify that (I) (this hospital) attended the deceased from Jan. 26. Feb. 5. . to.

20c. TIME OF INJURY Month, Day, Year saw the deceased alive on Feb 19 67 and that death occurred at 1 A.M. from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 2/6/67 PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) S. Main Street Hampstead, Md. Joseph E. Bush

DATE

Cemetery

BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burra I 1967 Grace Co

LOCATION (City, town or county)

Upperco Balto REGISTRAR'S REC'D BY REGISTRAR | 25b.

Tipton- Eline Funeral Home Hampstead.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01876 CERTIFICATE OF DEATH The law requires that the death certificate by executed within 24 havrs after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH a. COUNTY b. COUNTY Maryland Baltimore, MARYLAND b CITY OR TOWN (! autside carparate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Baltimore Towson papers. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? filled College Manor Nursing Home 321 Taplow Road YES NO K campletely fi 3. NAME OF Middle DATE Manth 3 DECEASED OF DEATH Miss. Pauline Regina Mathaney February 14th. 19 67 FUNDER 1 YEAR 6 COLOR OR RACE NEVER MARRIED 😿 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7 MARRIED remove last birthday) 85 yrs. Months Haurs and in any WIDOWED DIVORCED 10a USUA, OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State at foreign country) during most of working life, even fretired)
Retired - Buyer INDUSTRY COUNTRY? physician Baltimore, Md. Stewart_&_Co. 13. FATHER'S NAME burial, crematian, ar remavol, William F. Mathaney Amanda Melvin 16. SOCIAL SECURITY NO. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (Yes, na, ar unknown) i(if yes give war ar dates of service) Howland S. Roberts. Sr. Same INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p CEREBRI ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying couse be detached for use as the State Dept. af Health prior to has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? 20g ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, O FUNERAL DIRECTOR: After this 20c TIME OF INJURY Manth, Day, Year 20d ANJURY OCCURRED (City or town) (County) (State) Haur a.m. factory, street, affice bldg, etc.) The 1 190 6 to Just 21. I certify that (1) (this hospital) attended the deceased from. director, page 3 shauld should be filed with the saw the deceased glive an 13 1967, and thou death accurred at 17:10M, fram causes and an the date stated above. 22a. SIGNATURE DATE SIGNED ATTENDING M.D 22d ADDRESS 22c PHYSICIAN'S 6210 York Road Dr. A. Chalfant NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23a BURIAL, CREMATION, (County) (State) Burial (Specify) 2/16/1967 Loudon Park Cem. Baltimore 2Sa. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 4905 York Road 2Sb. REGISTRAR'S SIGNATURE & Sons Co. leavelan VR A15 (III) 20 M 1/66 Baltimore 12 Md

j 1

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

101

TO MOSPITAL OR ATTERNAGE MAYSICAM: The low requires that the death certificate be executed within 24 hours after death

	01877	7		CERTIF	ICATE	OF DEATH		01	873			
	PLACE OF DEATH	70. 70. 4				a STATE	Where deceased lived if institution b COL		fore admission)			
	7. COUNTY	Baltimore		MARY	rland .	Maryla	ore					
ŧ	CITY OR TOWN (f outside corporate limit	ts,	c. LENGTH OF STAY II	N lb	c. CFTY OR TOWN (If autside carparate limits, write RURAL and give nearest town)						
	WITH KOKAL DIK	Catons vill	e			Arbutus 03-1						
	I. NAME OF HOSPIT	AL OR INSTITUTION (If n	at in haspita,	give street address)		d STREET ADDRESS e IS I						
	Summit	Nursing H	ome			1232 Maid	en Choice Lan	е	ON A FARM? YES NO S			
	NAME OF DECEASED Type or print)	Pauline K.	_{ust} Matthi	Middle .esen	OF				1967			
5	SFX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	В	DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR	R IF UNDER 24 HRS			
F	Female White WIDOWED		WIDOWED	DIVORCED		7-4-1890	last birthday) 76 yrs.	Manths Day	s Haurs Min.			
10a	USUAL OCCUPATION	(G ve kind of work dane		IND OF BUSINESS OR		11 BIRTHPLACE (County 8	& State or foreign cauntry)	12 CT ZEN				
0311	Housew	life_even if retired)	"	AD USTRY		Maryland	d	COUNTRY?				
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N						
	Ferdina	nd Krahn				Katherina	Snyder					
15	WAS DECEASED EVE	R IN U.S ARMED FORCES	16	SOCIAL SECURITY NO.		INFORMANT Address Choice Lane						
{¥6	s, Po, or Jaknowa)	(If yes give wor or dates	ai service)	/	Mr.	Frederick V	W. Matthiesen	, 1232 M	aiden			
		EATH (Enter only one co	F 1/2	(a), (b), and (c))	n 11	re 11 1	18/18,0		NTERVAL BETWEEN ONSET AND DEATH			
	527	/ IMMEDIATE CAUSE	(a) 10	2 perco		()		7				
	Conditions, if any		(b) X	Leade	14	(pring !	inter Paul	1/2				
П	rise to immediat		E TO			11						
Ш	stating the under	rlying cause	(1) ()	mp Ly-		men !	Alvera.) [
	PART II OTHER SE	GNIFICANT CONDITIONS		TO DEATH BUT NOT REL	ATED TO T	TE TERMINAL DISEASE CON	D T ON GIVEN IN PART TO		9 WAS AUTOPSY			
JE I		(do	7 7	121Km	_7	-1/2	melul	12	PERFORMED?			
CERTIFICATION	20o ACC DENY WA	UNDERLYING	20h Di	ESCRIBE HOW INJURY OF	CCURRED (Enter nature of injury in I	Part I ar Part II of Item 18)		[] 110 [2]			
CERT	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	100 0	The state of the s								
₹		URY Manth, Day, Year	20d I	NJURY OCCURRED	20e PLAC	E OF INJURY (Home, form	i, 20f (City ar tawn)	(Caunty)	(State)			
MEDICAL	Haur a.i		While of war			street, office bldg., etc.)		. ,,	,			
	21 Learti	fy that (I) (this has			fram	Jan 1	95 2-10 7/2	1967	that (J) (we) la			
		eceased alive an	2-/2-				M, fram couses					
	12a SIGNATURE		0/	1			7 /	22b. DATE/SI				
	12	un T	///	Zeels	M.D		MED. STAFF DIRECTOR PHYS	2/2	7/67			
	22c PHYSICIAN S		1			22d ADDRESS						
	NAME (Type	Dr. John (C. Heal	У /		1311 Franc	cis Ave. Balto	o, Md. 2	1227			
23a			IERFOF	23c NAME OF CEME	TERY OR C	REMATORY	23d. LOCATION (City or To	awn) (Caur	nty) (State)			
	BURTAR	3-1-196	57	Western Ce	meter	cy	Baltimore, 1	Maryland				
24.	FUNERAL DIRECTO		1 = 0 =	ADDRESS			BY REG STRAR 25b R	EGISTRAR S SIGNAT				
	HOWARD	H. HUBBARD	, 4107	Wilkens Av	7e. 2	1229 DATE MA	AR 1 1987	Milanda	Quedas.			

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial and completely fulled in by the funeral advector, page 3 should be detached for use as the burial-transit permit. Then please reamong carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and any event, within 72 hours after death Page 4 may be retained by the hosp tol or ottending physicion. VR A15 (4) 25M 1767



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01878 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1 PLACE OF DEATH Baltimore COUNTY o. STATE Maryland b COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 t (ITY OF TOWN (If autside corporate limits, write RURAs and give nearest town) WCa Con Star 17 Tegrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A STREET ADDRESS e. IS RESIDENCE ON A FARM? 20h Ridgley Road Spring Grove State Hospital YES NO 3. NAME OF Mayes DATE Month Grace Yeor DECEASED February 19 (Type or print) DEATH S. SEX 6 COLOR OR RACE 7. MARRIED B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED lost Puthdoy) 6-23-27 Hinters Famale White WIDOWED DIVORCED 100 USUA, OCCUPAT ON (Give kind of work done KIND OF RUSINESS OR 12 C TIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Maryland Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John M. Galloway Grace B. Budnitz IS WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Records: Spring Grove State Hospital (Yes, no. or unknown) (If yes give war or dotes of service) No 214-24-0010 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION 20o ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour om While Not While ot work of work 21. I certify that (I) (this hospital) attended the deceosed from sow the deceosed alive on 2-13-57 19, and the that (I) (we) lost and that death occurred at 2.2019. M. from causes and on the date stated above 22o. SIGNATURE DATE SIGNED Wachsler_ DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Stella Wachsler.M.D. NAME (Type) 23o. BURIAL, CREMATION, 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2/15/67 Buria! Moreland Memorial Park Cem rk Cen Baltimore Co. 250. RECD BY REGISTRAR 25b. REGISTRAR 24 FUNERAL DIRECTOR 25b. REGISTRAR S SIGNATURI

Wm. Cook-Brooks, Inc. 1217 St. Paul St. Balto.

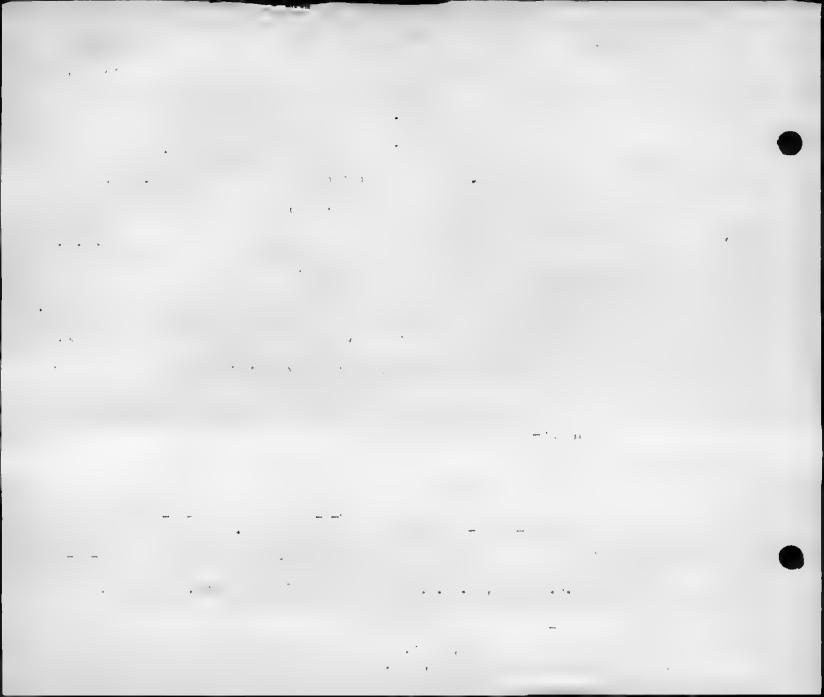
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maquires that the death certificate be executed within 24 haurs after duath filled in by the fune in papers. Pages 1 a ithin 72 haurs after d Within A Kampletely remave to event. and in any puo physician c ien please crematian, ar remaval, attending phy permit. Then permit. signed by the burial-transit burial, cremati offending as the priar to a for use Health r this certificate h detached for use ite Dept. of Health be detached State Dept. a TO FUNERAL DIRECTOR: After director, page 3 shauld shauld be filed with the be retained CV3 Page 4 may 20 M 1/66

VR A15 (4)

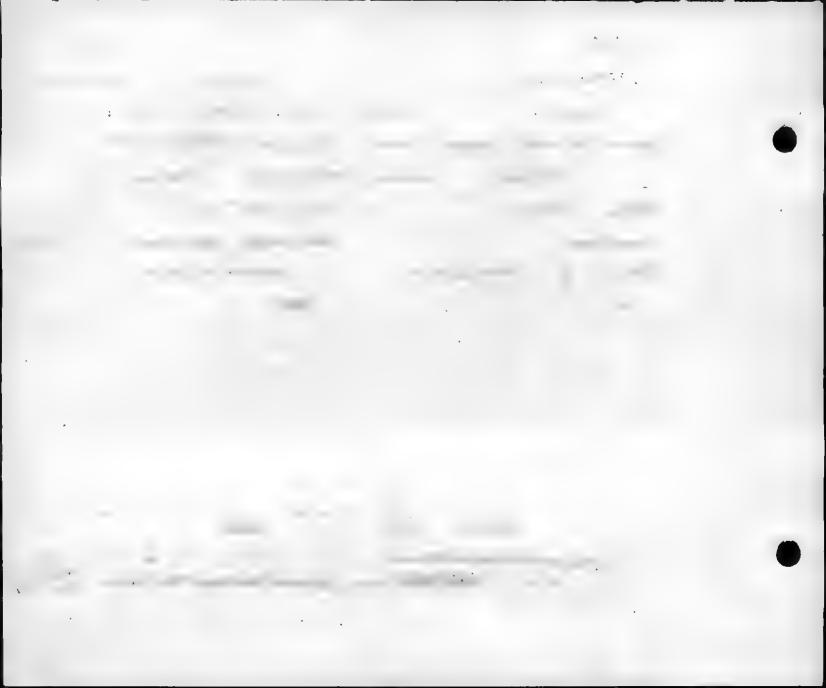
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Baltimore b. COUNTY by the fand 2 : death. Marvland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) <u>-</u> Baltimore Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Presbyterian Home of Md. YES NO X Honkins Apts completely papers. n 72 ho 3. NAME OF Yeer 4. DATE Month DECEASED OF (Type or print) DEBTH within 1967 Clare B/ McCance Feb. and con carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX B. DATE OF BIRTH 9. AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS Slast birthday) 30.1881 Female White Jan. WIDOWED aftending physician a Then please remove co wal, and in any event 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Home Pennsylvania U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Will Brothers Nellie Waddington 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Then Address OVal, (Yes, no, or unkown) | [[fyesoivewererdetesofservice] Records of Presbyterian Home of Md. the permit. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c). physician. burial-transit permit. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Acute Pulmonary Edema minutes ending Arteriosclerotic Cardiovascular Disease Conditions, if any, which years geve rise to immediate cause **DUE TO** (e), stelling the underlying cause last. After this certificate his PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 8 Ahemia - etiology undetermined YES NO X prior 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Pert I of Item 18.) detached ATTENDING 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 1 2De. PLACE OF INJURY (Home, ferm, 201. (City or town) (County) (State) may be retained DIRECTOR: Aft Not While fectory, street, office bldg., etc.) o io et work et work should be de saw the deceased alive on 2 15 - 1967, and that death occurred at 1 Polyrom the causes and on the date stated above 2-18-67 SIGNIE 22e. SIGNATURE ATTENDING MED. DIRECTOR PHY5. PHYS. M.D. HOSPITAL death. Page 4 page with 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) .Venable, Jr. M.D. York Road, Baltimore, Md 21212 director, I 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) Woodlawn Woodlawn, Maryland 24. EUNERAL DIRECTOR'S, SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Mitchell-Wiedefeld VR A15 (4) 6500 York Road Boltimore. Md.



VR A15 20M 1, MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISIO	N OF STATISTIC	AL RESE	ARCH AND RECOR	DS, 301 W. PRES	TON STREET, BAL	TIMORE 1, M.	ARYLAND		
	0188			CERTIFICA	TE OF DEA		0.18	277		
Ĩ.	PLACE DE DEAT		rtem	3 Film 6305	2/ USUAL RESID	ENCE (Where deceased) rve	d, If institution: Re	sidence before admission)		
	E	BALTIMORE		MARYLAND	a. STATE M	ARYLAND	D. COUNTY BA	LTIMORE		
_	b. CITY DR TOV	VN (if outside corporat L and give nearest tow	e hmits,	C. LENGTH OF STAY IN	c. CITY OR TOWN	(If outside corporate lin	ilts, write RURAL	and give nearest town)		
	/	owson -		18 HOURS		ARM ,	MARYLA	EVA		
	d. NAME OF HO			spital, give street addre		1100 - 01	D. 03	e. IS RESIDENCE ON A FARM?		
G	REATER	BALTIMORE	MEDIC	AL CENTER.	Box 66	o HARFOR	- ROAD	YES NO S		
3.	NAME DE DECEASED	-	'st	Middle McC	arty Last	4. DATE	Month	Day Year		
_	(Type or print)	DOROTI		ELAINE	MARARTH	DEATH FEB.		10 1967		
5.	SEX		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In		YEAR IF UNDER 24 HRS. Days Hours Min,		
	FEMALE	CAUCASIAN	MIDDWED	DIVORCED	6-27-1	7/3 51	yrs.			
du	a. USUAL OCCUPA ring most of wor	TION (Give kind of work a king life, even if retired	done 10b. Kl	ND OF BUSINESS OR IDUSTRY		(County & State, or foreign	CO	TIZEN DE WHAT UNTRY?		
	House	* * * * * * * * * * * * * * * * * * * *				ORE, MARYL	AND	U.S. A		
13	FATHER'S NAT		0 0 0	1101	14. MOTHER'S M		100			
-1	CRIVES 7	G. ST.		*		NNA GUY				
	es, no, er unkown)	EVER IN U S ARMED FO (If yes give war or dates of	Service)		7. INFORMANT		Address			
	No			16HE	2011					
		DEATH [Enter only on EATH WAS CAUSED BY			F717- F1	HUDE		ONSET AND DEATH		
	2 2001	IMMEDIATE CAUSE	(a) CLIC	GESTIVE IT	EART FA	ILURE				
	Conditions 16	DUE .	TO PULL	FUMATIO, HE	ADT NICE	NEF		32 + YRI.		
	gave rise to Immediate									
	cause (a), stating the DUE TO underlying cause last.									
8		ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)								
CATI							• •	PERFORMED?		
CERTIFICATI	20a. ACCIDENT	WAS UNDERLYING	20b. D	ESCRIBE HOW INJURY O	COURRED. (Enter natur	8 of Injury In Part I or P	art II of Item 18.)			
L CER		WAS UNDERLYING TING CAUSE OF DEAT TING CAUSE OF DEAT OTIFY MEDICAL EXAMIN			·					
) CA	20c. TIME DF Hour a.	INJURY Month, Day, 'm.	Year 2Dd. If	Not While	PLACE OF INJURY (Home	e, farm, 20f. (City or t	own) (Cour	nty) (State)		
MEDI	p	.m. 19	at work	at work						
				d the deceased from.		, 1967, to 3 -				
		ceased alive on	2-10-	19 <i>b</i> .7, and t	hat death occurred a	atil:1571 M, from the c		e date stated above.		
	22a. SIGNATU	1.1	na A. Maa	A 400	ATTENDING	MED. STAF		- 16 - 1967		
	22c. PHYSICI	AN'S	1419		M.O. PHYS. L	DIRECTOR PHYS	. KI d	70-1161		
	NAME (1	(ype) E.K.	5. NAK	AYANAN, M.3	GREATER	BALTIMORE ME	D. CENTER.	> MD - 2/204		
238	a. BURIAL, GRE	MATION, 23b. DATE T	HEREOF	23c. NAME OF CEMET	ERY OR CREMOTORY	23d LOCATION	City, town or coul	nty) (State)		
	JUSCIA (SE	Pecify) 2-13	-47	MERIELAND	MEM. PK. LE	m 134/10		MD.		
24	. FUNERAL DIR			ADDRESS			5b. REGISTRAR'S	SIGNATURE		
1	has T	EVANSO	JON &	802 HARTO	P / COLDATE	ETF 1 4 400	7 ont	1-0-		
- 1						1 9 1 1 196	1 /100	Per Judge		
							K.	11 11		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01882 funeral 1 and 2 ter death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Beltimore after a MARYLAND b CTY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate tim is, write RURAL and give nearest town) write RURAL and give nearest town) ease-rethave carbon papers. Pal and in any event, within 72 hours Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Summit Nursing Home 331 Washburn Ave YES . NO 🕝 NAME OF First Middle last DATE Manth Day Year DECEASED OF Mary McClean (Type or print) DEATH Feb 19 67 S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** lost birthday) Months Days Female WIDOWED DIVORCED Dec 28.1885 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDLSTRY COUNTRY? Md USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, John Hoffmann Unk WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no. or unknown) (If yes give war ar dates af service) signed by the atten burial-transit permi burial, crematian, a Family CAUSE OF DEATH (Enter on y one couse per PART I. DEATH WAS CAUSED BY. fgir (a), (b) INTERVAL BETWEEN IMMEDIATE CAUSE (g) Conditions, if any, which gave rise to immediate cause (a). DUE TO ficate has been s far use as the t Health priar ta b stating the underlying cause last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20a ACCIDENT WAS UNDERLYING ... 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part II of Item 18.) detached f te Dept. af I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20c FIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc. While Not While at wark at work 21. 1 certify that (1) (this haspital) attended the deceased from and that death occurred at M. from causes and on the date stated above. saw the deceased alive an 226 SIGNATURE 22b DATE SIGNED **ATTENDING** director, page 3 should be filed v M.D. PHYS DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23g BURIAL CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (County) 3/2/67 Md Loudon Perk Cem Baltimore ADDRESS REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR 2So REC D BY REGISTRAR 2Sb. VR A15 (4) McCully F H 237 Patapsco Ava 20 M 1/66

within 24 hours after

executed

requires that the death certificate

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After

TO FUNERAL DIRECTOR:

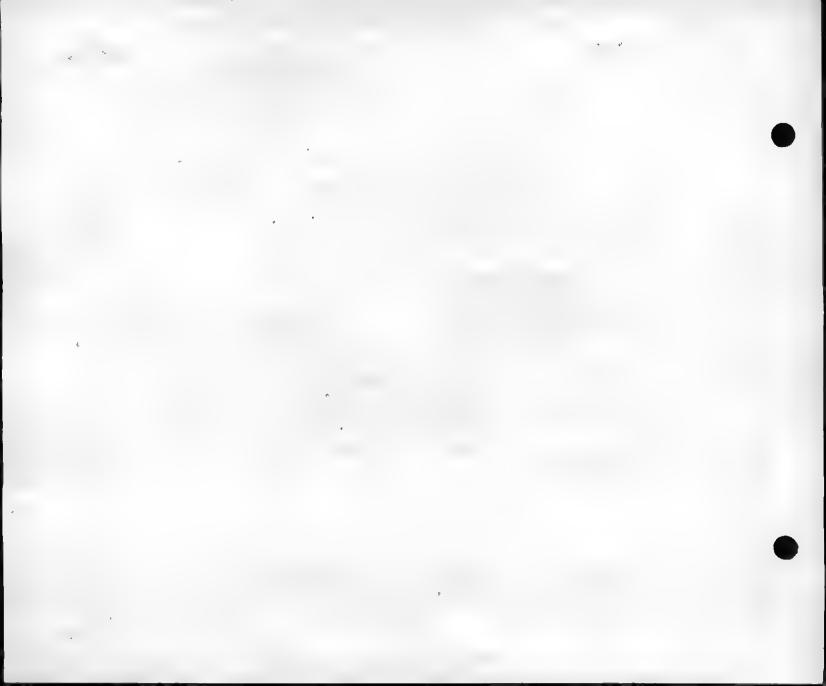
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ATTENDING PHYSICIAN:

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TO HOSPITAL

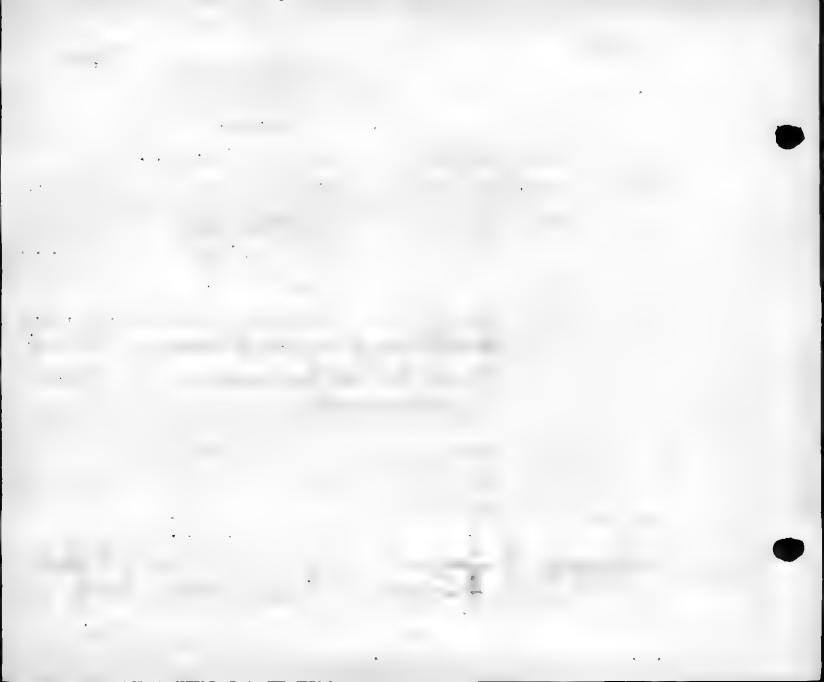


)			Division of STATIS	TICAL RESE	ARCH AND RECORDS, 30	DI W. PRESTON STR	EET, BALTIMORE, MARYL	AND 21201			
/		01883	3		CERTIFICAT	E OF DEATH		018	01879		
		PLACE OF DEATH		10/05/10/0			Where deceased lived, if instituti		are admissian) 🗸		
		o. COUNTY Ba	ltimore		MARYLAND	o. STATE Mary	land b. coun	TY			
		b. CITY OR TOWN (write RURAL and	If autside corporate mi give nearest tawn)	ts,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If a	utside carparate limits, write RUR	AL and give near	est town)		
		Ow:	ings Mills		7 yrs.		imore				
		d NAME OF HOSPIT	AL OR ANSTITUTION (IF I	at in haspital,	give street address)	d STREET ADDRESS			e IS RESIDENCE ON A FARM?		
	_		sewood Staf	e Hosy	oital	3437	EdmondsonvAve		YES NO 🐙		
		NAME OF DECEASED	F	irs†	Middle	Last	4 DATE Month	ı Do			
		(Type or print)	Deri	rick	Leroy	McCLOUD	DEATH 2		.6 19 67		
	5	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED 1	8 DATE OF BIRTH	9 AGE (In years last birthday)	Manths Days			
		Male	Negro	WIDOWED	OIVORCED	11-20-55	11 Yrs.	Manies Dala	IIdois Mili		
			(Give kind of work done		KIND OF BUSINESS OR	11. BIRTHPLACE (County	y & State, or fareign country)	12 CIT ZEN G			
		ing most of working Dependen			ndustry none	Baltimor	e, Maryland	COUNTRY	U.S.A.		
		FATHER'S NAME				14. MOTHER'S MAIDEN					
		Walter O	ghorne			Annette	McCl oud				
		. WAS DECEASED EVE	R IN U.S. ARMED FORCES		SOCIAL SECURITY NO. 17.	INFORMANT	Addre	SS			
	(Ye		(If yes give war ar dates	at service)	none	Pagewood St	ate Hosp., Owi	nee Mill	e Ma		
		LIS CAUSE OF D	EATH (Enter only one ca	use per line fo		NOBENOOU SC	de nosper own		NTERVAL BETWEEN		
		PART I DEA	TH WAS CAUSED BY	alla.	te lumques 1	Congestion	+ edoma -	. I -19	NSET AND DEATH		
		-	IMMEDIATE CAUSE	10	1	Congrado	0		- Transfer		
		Canditians, if any	, which gave	(b) (-e.)	reprol 6	Donne		h	041-3		
		rise to immediate cause (a), stating the underlying cause DUE TO									
		last. (c) underter mined									
		PART II OTHER SI	GNIFICANT CONDITIONS	**	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	INDITION GIVEN IN PART I(a)	19	WAS AUTOPSY		
1	TION								PERFORMED? YES X NO		
	FIGA	20a ACCIDENT WA	S LINDERLYING [7]	20b D	DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part I or Part II of item 18.)		IN IN L		
	CERTIFICATION	OR CONTRIBUTING	MEDICAL EXAMINER	100	resulted light history occurren	terror manoro ar milory m	1011 1 01 1011 11 01 11011 10.9				
	3		URY Manth, Day, Year	20d	INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, for	m. 20f. (City ar town)	(Caunty)	(State)		
	MEDICAL	Hour o.r	m.	Whil	e - Not While - for	ctary, street, affice bldg., etc		()	(0.2.0)		
		ρ. I	160	wo wo	nded the deceased fram	8=6	19.59 ta 2-16	10 67	that PA (we) fa:		
			ry mai (i≯(mis na eceased alive on∠		19 <u>67</u> , and th	at death accurred a	10:126, annucouses				
		220 SURNATURI	ecedsed different		17.07 , 0110 1111	or dearn decorred di	1_107210, 666 676 0505	22b. DATE SIG			
	{		1). [11.0 - / W	.D. PHYS	MED. DIRECTOR PHYS	ITE	1-67		
		22c. PHYS CIAN'S	MULAC L	1	7-	224 ADDRESS	DIRECTOR CD 14/13	11	~-61		
1		NAME (Type	Kichan	7 W	Jones	Losen	good Stake	H034	٥.		
	230	BURIAL, CREMATA	ON. 23b. DATE TH	EREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Toy	vn) (Caun	ty) (State)		
		BUTTAL Pecify	2/21/		Rosewood C		Owings Mi				
	24	4. FUNERAL DIRECTO	1		ADDRESS	-	D BY REGISTRAR 256 RE	GISTRAR'S SIGNATI			
1/2	J	. F. Eli	ne & Sons	Reiste	erstown, Md.	DATE	EB 2 7 1967	Marila	o fredan		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers: Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN; The law migures that the Beath cert ficate in elecuted within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.



Sive Pages

This certificate should be executed within 24 houge-after death.

the word "pending" in pencil in to the Chief Medical Examiner's

e, writing the word farwarded to the Ch

should

MEDICAL EXAMINER:

please execute

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3 should

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01884 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution o. COUNTY MARY_AND b CIY OR TOWN (IF C LENGTH OF STAY IN 16 c (TY OR TOWN (I outside corporate limits, write RURAL and give nearest town) W50 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address). d STREET ADDRESS e ts RESIDENCE ON A FARM? YES NO F 3. NAME OF Middle 4 DATE Month Year DECEASED OF DEATH (Type or pnnt) S. SEX NEVER MARRIED AGE (In years IF UNDER 1 YEAR lost birthdoy) Months Doys WIDOWED DIVORCED 10n TISUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY ? A.O. Smith Corp. Mamager Lancaster Pennsylmania II S A 13. FATHER'S NAME John Huston McCollough Edvthe Johns 15 WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Rd. (Yes, no, or unknown) If If yes give war or dates of service) 197-07-9173 Mrs Julie Stanley McCollough 8200 Carrbridge Yes WWII 1B CAUSE OF DEATH (Enter on y one couse per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) MALIGNANT HYPERTENSION Conditions, Lony which gove rise to immediate couse (o). stoting the underlying couse last PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY CERTIFICATION PERFORMED? NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of item 181 PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF NURY Month, Doy, Year 20d INTURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour om. factory, street, office bldg., etc.) of work 21. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Natural causes death resulted fram: Ham cide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** Address (Street, city, town, & Cont) 42 11 NAME (Type) DATE THEREOF NAME OF CEMETERY OR CREMATORY

Dulaney Valley Cemetery

23d LOCATION (Gry or Town)

1967

2So REC'D BY REGISTRAR

Timonium, Maryland

2Sb. REGISTRAR'S SIGNATURE

may be retained far your FUNERAL DIRECTOR: Page the funeral director. Health ar 50 P VR A15ME (51)

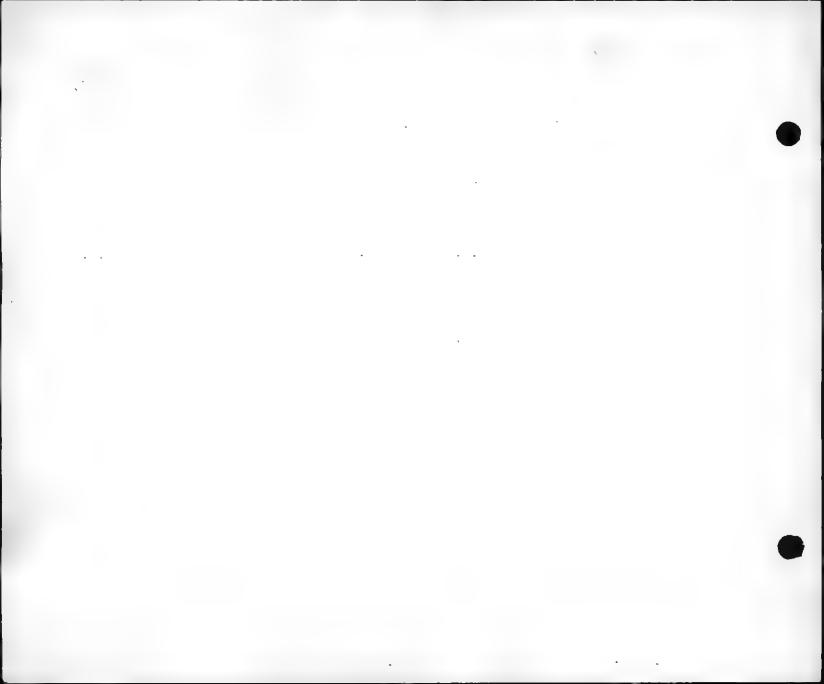
BURIAL, CREMATION

REMOVAL (Specify)
Burial

24 FUNERAL DIRECTOR

2/3/67

Wm. Cook-Brooks Towson 1050 York Rd. 21204



M

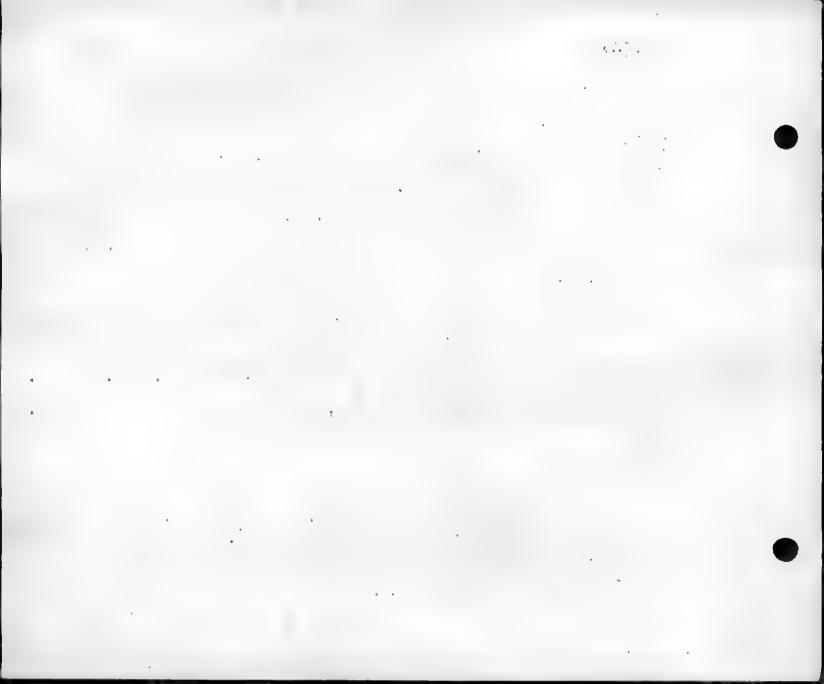
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7		01885			CERTIFI	CATE	OF DEATH			0188	1	
		PLACE OF DEATH O. COUNTY	Baltimore	1	MARY	AND	2. USUAL RESIDENCE (V	Where deceosed	lived, f institution b. COUNT		re odmission)	
		write RURAL and Cator.	f autside carparate limits, I give pearest town) 15 VIIIe		2mthldy	ìb	C CITY OR TOWN (H outside corparate limits, write RURAL and give nearest town) Baltimore					
		d NAME OF HOSPITA SPRING GE	OVE STATE	in hospital, HOSP:			d. STREET ADDRESS 1219 Fay	rette Si	treet		e IS RESIDENCE ON A FARM? YES NO	
		NAME OF DECEASED (Type or print)	Frs Ald		Middle D.		Lost McCullough	4 DATE OF DEATH	Month Febru	00 arv	y Year 2 19 6 7	
	S	female	6 COLOR OR RACE Negro	7. MARRIED WIDOWED		□ 8	ug. 16, 189		AGE (n years	IF JNDER 1 YEAR Manths Days	IF UNDER 24 HRS Hours Min	
	đuri	during most of working life, even if retired) INDUSTRY			ND OF BUSINESS OR NDUSTRY		13.8RTHPLACE (County Virginia		gn country)	U COUNTRY?		
			Townsend				14. MOTHERS MAIDEN (Emily	NAME				
	15. {Ye	WAS DECEASED EVE ss, na, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates of	service) 16.	SOCIAL SECURITY NO.		ords: SPRI	NG GRO	Address OVE STA		FINAL	
		B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION Conditions, if any, which gove rise to immediate cause (a), (b) ARTERIOSCIEROTIC UARDIOVASCULAR HT. DIS. 10 yrs.										
1	No	last Other Significant conditions contributing to Death Bill not related to the terminal disease (Ondition Given in Part 1(a))										
,	CERTIFICATION		UNDERLYING CI CAUSE OF DEATH MEDICAL EXAMINER)	205. D	ESCRIBE HOW INJURY OCC	TURRED. (Enter noture of injury in	Port I or Port II	of item 18)		YES NO 🔼	
	MED CAL	20c T ME OF INJU Haur o.n p.n	10	20d I While	e - Not While -		E OF INJURY (Home, form ry, street, affice bldg , etc.)		City or town)	(County)	(Stote)	
		sow the de	by that (*) (this hosp eceased alive on	ital) otten Føb	nded the deceased f	rom_ nd thet	death occurred at	1 1 1 1 1	Feb. 2 from causes a	nd on the do	hat (14 (we) las te stated above	
,		22g. SIGNATURE 22c PHYSICIAN S NAME (Type)	The ing	A She	sight c	(M.D	22d. ADDRESS S	MED DIRECTOR C			OSPITAL	
,	230		N. 23b. DATE THER	EOF	Young, M.D. 23c, NAME OF CEMET Aubu	ERY OR (re, Mary TON (City or Town Imore			
A	24	FUNERAL DIRECTO	R	Below	ADDRESS W. North	Ave	250. REC'I	BY REGISTRAR	25b. REGI	STRAR'S SIGNATU	Geodge.	

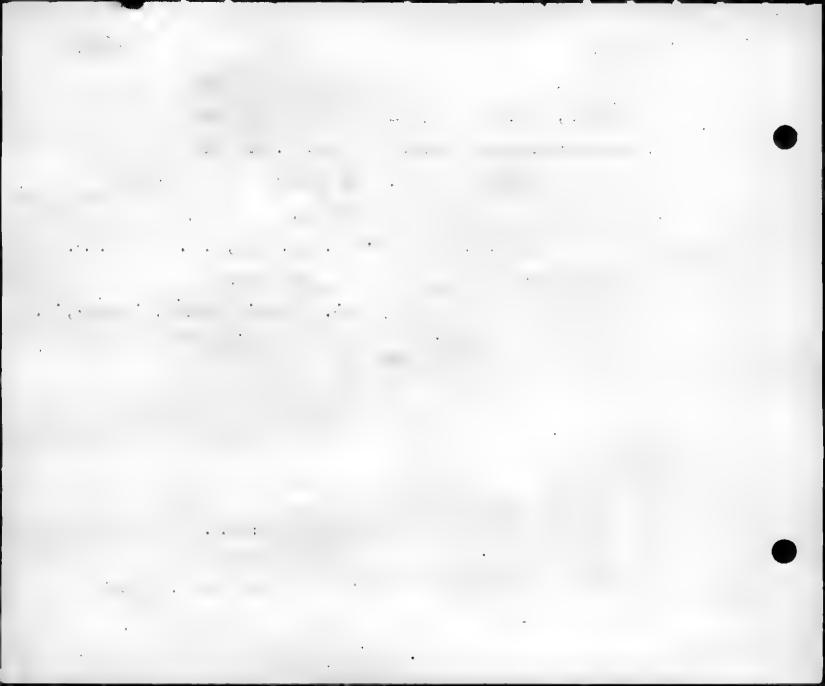
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the bur al-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours ofter death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) A 20 M 1/66 I

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 24 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH a. CDUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY letely filled in by the furbon papers. Pages 1 a within 72 hours after d a. STATE BALTIMORE MARYLAND MARYLAND c. CITY DR TOWN (If outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 23 DAYS BALITIMORE FORT HOWARD. MARYLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 804 W. PRATT STREET VETERANS ADMINISTRATION HOSPITAL NO X YES _ npletely carbon p NAME OF First Gimsey) GIMPSEY DATE Month Year Middle DECEASED event, W. 67 (Type or print) CONLEY DEATH FEBRUARY 19 AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K DATE OF BIRTH any DIVDRCED MARCH 3. WIDOWED ! 1891 MALE WHITE physician and please n 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY CDUNTRY? and AMUSEMENT MACHINE CO U.S.A. COOK MORGANTON. N. C. certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova attending primit. Then ADA CONLEY <u> WILLIAM MC_GIMPSEY</u> 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ed by the attend transit permit. cremation, or r Richard G. death (Yes. no. or unknwn) | (If yes give war or dates of service) Lissau-804 CLIN. RECORDS WW I 217 16 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: al-trans BRONCHOGENIC CARCINOMA OF RIGHT LUNG WITH IMMEDIATE CAUSE (a) signed UNKNOWN METASTASES TO RECTONAL been signed the burial-to or to burial, o DUE TD Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. has as WAS AUTOPSY PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) PERFORMED? DIRECTOR: After this certificate ge 3 should be detached for use led with the State Dept. of Health CERTIFICAT CONGESTIVE HEART FAILURE YES A. ND . 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) WEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bidg., etc.) Not While Hour a.m. While retained by at work p.m. at work 2/5/67 1/13/6 21. I certify that A (this hospital) attended the deceased from and that death occurred at : OOEM, wem the causes and on the date stated above. /67 saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE OR be page **ATTENDING** MED. DIRECTOR STAFF PHYS. 3E PHYS. TO FUNERAL | director, pa should be fil HOSPITAL **ADDRESS** PHYSICIAN'S KALMUTZ, NAME (Type) VAH FORT HOWARD, MARYLAND 23b. DATE THEREOF 23c. NAME OF CEMÉTERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION. 23a. REMOVAL (Specify) 2-9-67 BALTIMORE NATIONAL BALTIMORE MD REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b.

VR AI5 (4) 20M 1/65 DATE

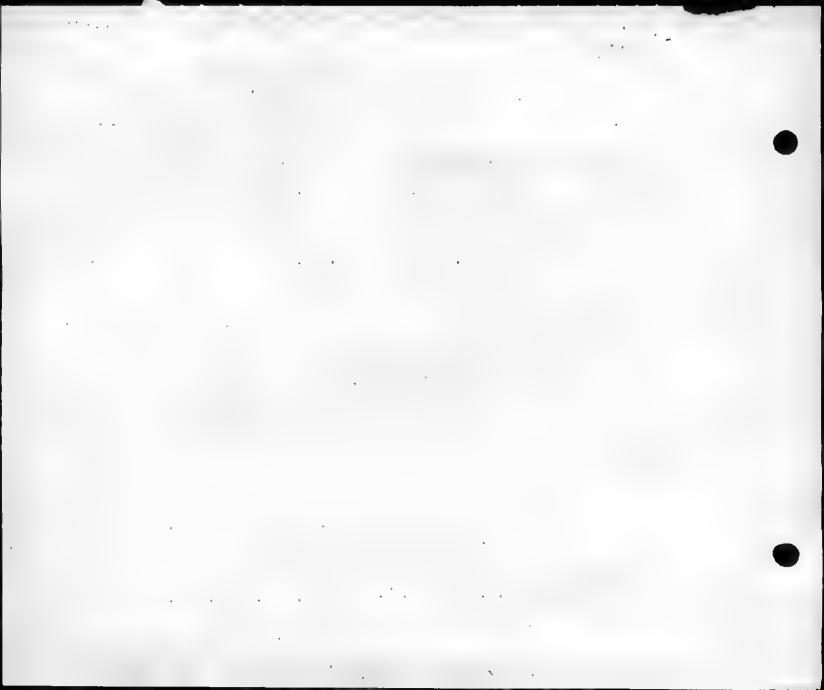


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		01887			CERTIFIC	ATE	OF DEATH		,	<u>0.1</u>	88	3	
		PLACE OF DEATH					2 USUAL RESIDENCE (Where decease			ce befor	e odm ssi	อก)
		a. Countr	BALTIMORE		MARYLA	ND	g. STATE MARYL	AND	b. COU	BAL	TIMO	DRE	
		D CITY OR TOWN (If autside carparate limit	ts,	C LENGTH OF STAY IN 1	lb	c CITY OR TOWN (If at	itside carporat	e limits, write RUI	RAL and give	neares	t tawn)	
	F	ORT HOWA	d give neurest town) RD		129 DAYS		BATATHORE	# DU	NDALK	212	222	-	
	-	d NAME OF HOSPIT	A. OR INSTITUTION (If n	of in hospito, (give street oddress)		d STREET ADDRESS					e S RESII	DENCE ARM2
ì	V	ETERANS .	ADMINISTRA!	TION HO	SPITAL		3304 CORIN	ALL R	OAD				мо 🔀
	3	NAME OF DECEASED	F	ITS†	Middle		Lost	4. DATE OF	Mont	th	Doy	Ye	0r
		(Type or print)		LMER	WA 400		AC KENNA	DEATH	FEBRUA		18		67
	S	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	3 1	DATE OF BIRTH	9	AGE (In years last birthdoy)	Months	Days	IF UNDER	24 HRS Min.
		ALE	WHITE	WIDOWED	DIVORCED		DEC. 6, 191	4	52 yrs.		,		I I I I I
		USDAL OCCUPATIO! ing mast at warking	i (G ve kind af wark dane life, even if retired)		ND OF BUSINESS OR Dustry		11 BIRTHPLACE (County	& State, or for	eign country)		IZEN OF UNTRY?		
		Observe			Metaluri	giç			LAND		S.A.		
		FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
		OSEPH MC			COCIAL CECIDITY NO	17 1	GERTRUDE	LERCH					
	[Ye	is, no, or unknown)	R IN U.S ARMED FORCES? (If yes give wor or dotes	of service)	SOCIAL SECURITY NO.		NFORMANT		Addre				
	_	YES	WW-11		5 03 75 01	CL	IN REC VET	ADM H	OSP FT H	OWARD			
1		IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA, TERMINAL IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA, TERMINAL											
1		IMMEDIATE (AUSE (o) BRONCHOPNEUMONTA, TERMINAL DUE TO									DA:	15	
		Conditions, if ony	4	3,002	TASTATIC CA	RCTI	OMA OF CRO	TNS			18 MONTHS		
ı		rise to immediate cause (a). Stating the underlying cause DUE TO									الباللية		
		lost. (c)											
	_	PART II OTHER SIGNIFICANT CONDITIONS CONTRIES TING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS A TOPSY											
	VIION										Y	PERFORM ES 🗍	NO M
	CERTIFICATION	20g ACCIDENT WA		205. DE	SCRIBE HOW INJURY OCCU	RRED (Enter noture of injury in	Port I or Port	II of item 1B.)				
	CER		CAUSE OF DEATH MEDICAL EXAMINER)										
	WEDICAL	20c. TIME OF INJ	JRY Month, Doy, Year				E OF INJURY (Home, form		(City or town)	(Cou	inty)	(Stote)
ŀ	WEL	Haur o.r	16	While of world	Not While	focto	ry, street, office bldg., etc.)						
-		21. I certi	fy that (1) (this ha	spital) atten	ded the deceased fro	ım_O	CT. 12	9 66, to	FEB. 18	<u>. 196</u>	7, th	at M (we) las
			eceased alive an_	हेल्छ <u>. 18</u>	19 <u>67</u> , and	d that	death accurred at		, fram causes	and an th	ne dat	e stated	above
-		220. SIGNATURE	A 1. (6.	20		ATTENDING	MED	STAFF -	22b. D/	-		
-		(.)	of the	FI	Luly	TM.D	PHYS L	DIRECTOR	PHYS L	2 1	<u>.8 6</u>	7	
		22c PHYSICIAN'S NAME (Type		A. CERA	LDI, M. D.		VET. ADM.	HOGD	FT. HO	Y.I A TOTA	16/63	ጋንም ለነ	(Tar)
	22-	DUDIA COCAMATIO			T 23c NAME OF CEMETER	V 00 0			100 00 1000				
		L BURIAL, CREMATIC REMOVAL (Specify BURLAL)		21/67	HOLY REDEE				ATION (City of To	wn) MARYT	(County)	, (2	tote)
	24	. FUNERA DIRECTO	R la no	2.Walte	_ ADDRESS		2So. REC'U	BY REGISTRA	AR 2Sb. RE	GISTRAR'S SI	GNATUR		
1	4	Khrok	- Holl	2400 W	illow Sprin	g R	A. DATE	B 2 3	1967	Mare	t an	nogr	÷
				Balti	more 22, Md								

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate. Le executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1-and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, with n 72 hauss after death. VR A15 (4) 20 M 1/66



e. IS RESIDENCE ON A FARM?

Year

1967

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

YES I

(County)

NO IV

(State)

(State)

Days

COUNTRY?

NO P

VR A15 (4) 20M 1/65



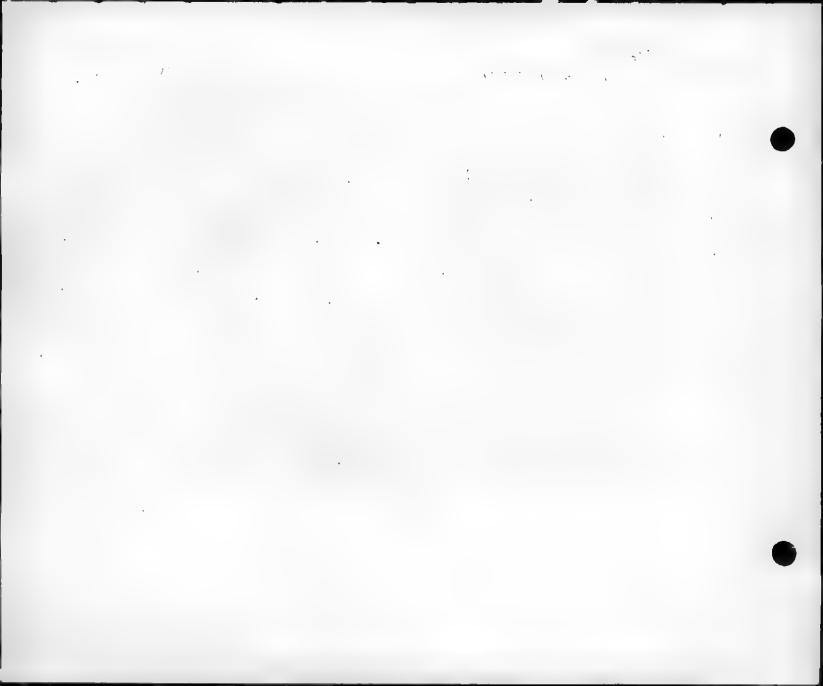
Tours af er law requires that the death certificats be emcuted within OR: After this certificate hould be detached for use the State Dept. of Health PHYSICIAN: ATTENDING retained

	e attending physician and completely filled in by the funeral	permit. Then please remove carbon papers. Pages-1-add 2	ion, or removal, and in any event, within 72 hours after death.
pnysician.	signed by the	burnal-transit	burial, cremai
attending	e has been	se as the l	th prior to

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY YLAMD 8549 MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) UT/MORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? MD NO V NAME OF Middle Month Year DECFASED OF DEATH (Type or print) 19 6 SEX 7. MARRIED 8. DATE OF BIRTH AGE (In years I IF UNGER 1 YEAR IF UNDER 24 HRS 9. NEVER MARRIEO last birthday) Months Days Hours MIDOMED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRYO COUNTRY? HOUSEWIF U 5 15. WAS DECEASED EVER IN U.S. AKMILLO OF SERVICE 220 - 03-3317 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address GEORG 4BOYE CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN **ONSET AND DEATH** PART I. CEATH WAS CAUSED BY: IPPH6515 OF THE LIVER IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) WAS AUTOPSY 119. CERTIFICAT PERFORMED? NO -YES 20a, ACCIOENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING (CAUSE OF OF OTH (IF EITHER, NOTIFY MEDICAL EXAMINER) MONE MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) MONE factory, street office Hog., etc.) Hour a.m. at work Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 6 21. I certify that (I) (this hospital) attended the deceased from 19 that (I) (we) last and that death occurred at 2:34 B 19. 67. M. from the causes and on the date stated above. saw the deceased alive SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED STAFF 67 DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S 22d. ADORESS NAME (Type) STOCK 6 L BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 19 Com 770 1 6 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 25a. REC'O BY REGISTRAR | it leave by DATE entuns

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

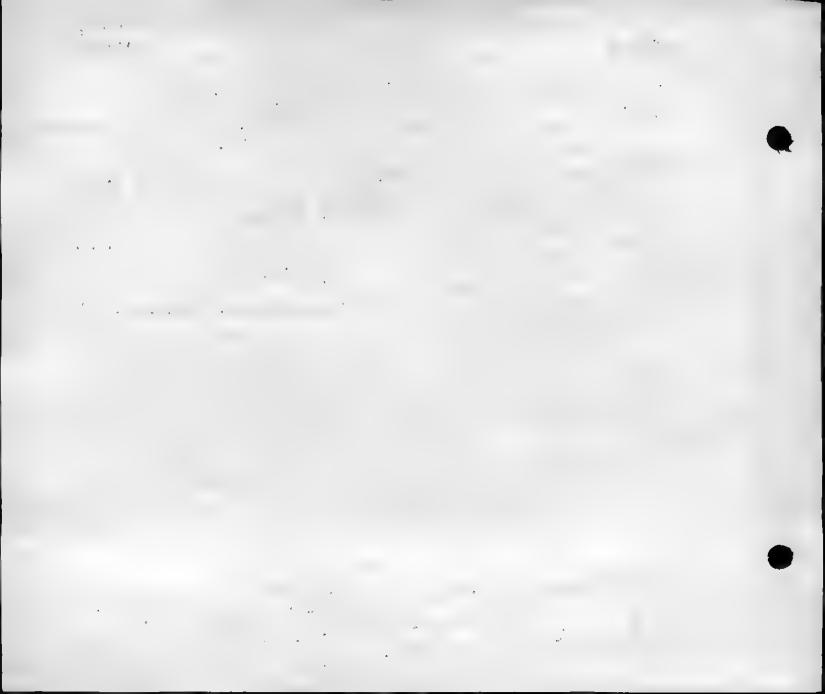
Page 4 may VR A15 (4)



TO HOSPITAL RATIENDING PHYSICIAN: The law requires that the death certificate be executed whin 24 hours after death. Page the retained by the hospital or attending physician.

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DIVISION OF STATISTICAL RE	SEARCH AND RECORE CERTIFICA		, BALTIMORE 1, A	MARYLAND
1. PLACE OF DEATH	CHRITICA	2. USUAL RESIDENCE (Where dec	0	1885
a. COUNTY Baltimore	Maryland	e. STATE Maryland	b, COUNTY	esidende beiore adm ssior
b. CITY OR TOWN (if outside corporate timits, write RURAL and give neerest town) MICCLE RIVER	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporation)	ste limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF not in	hospital, give straet address)	d. STREET ADDRESS		e. IS RES DENCI
Ivy Hall Nursing Home	e Middle	1307 Gorsuch Ave	* Month	YES NO NO
(Type or print) Cora	E. Me	enzel DEATH	February	2, 19 67
Female White	THE TEX MARKIED	June 15, 1893	AGE IIn years IF UNDER 1	_
done during most of working life, even if retired!	b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State, or fo	i	ZEN OF WHAT COUNTRY
At home		Maryland		U.S.A.
Conrad Hohman		14. MOTHER'S MAIDEN NAME	3	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	N. SOCIAL SECURITY NO. 17	Cornelia Speige		
(Yes, no, or unkown) [ffyesgivewerordetesofservice]		INFORMANT	Address	00.000
	Mr	s. Virginia Riggins,	, 2 Branch St	
18. CAUSE OF DEATH [Enter only one cause :	per line for (e), (b), end (c),			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Mulaslatic	arci-ana		- -
199 2 DUE TO		Λ	1	
Conditions, if eny, which (b)	Carcinoma	- of ovarry -	- Coc ~	
(a), steting the underlying DUF TO		9		
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING ADDICAL EXAMINER!	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
206. ACCIDENT WAS UNDERLYING 206. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Pert I or Pert il o	of tem 18.)	
Hour s.m.		ACE OF INJURY (Home, form, 2Df. (City offery, street, office bldg., etc.)	or town) (Coun	(Stete)
21. I certify that (I) (this hospital) at	ttended the deceased from	7 7 1965, 10		
saw the deceased alive on	A	t death occured at 4.A.M. from	,	
22a. SIGNATURE				22b. DATE
	Cen.	ATTENDING MED.	STAFF PHYS.	SIGNE
22c. PHYSICIAN S NAME (Type) Samuel Sterr	n M.D.	22d. ADDRESS 285 Ridge Road	. –	
23a. BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY		TION (City, town or county) (State)
Burial Feb. 4, 196	7 Loudon Park	Cemeterv	imore, Md.	
24 HUNERAL DIRECTOR'S SIGNATURE ULLIFICH FUMERAL Home 42		FL BEO BY REGISTR	AR 256 REGISTRAR'S S	IGNATURE
		J MARKET	my red all for	W WI



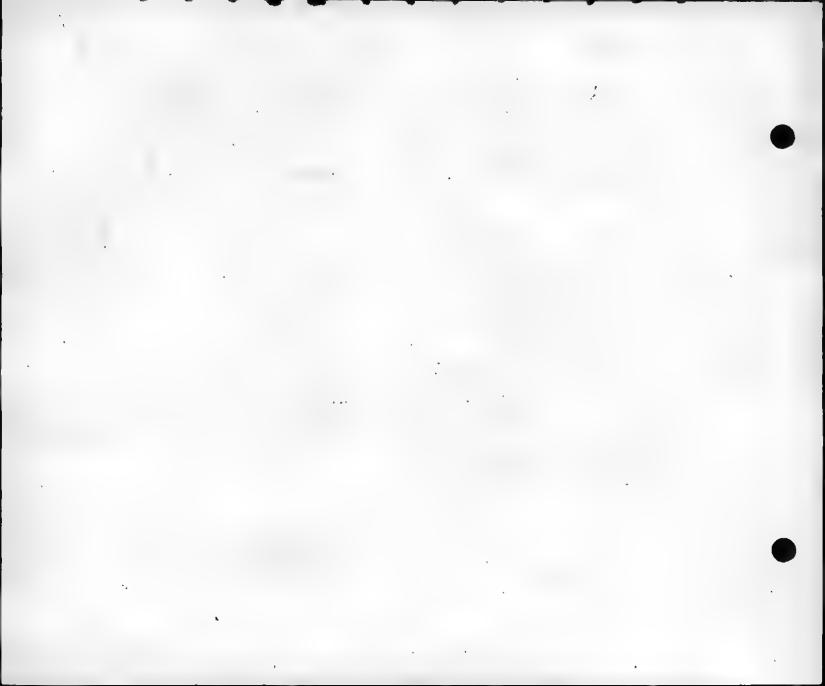
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01891 CERTIFICATE OF DEATH within 24 hours after death 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before agmission) o. COUNTY o STATE b COUNTY A MARY! AND b CITY OR TOWN (fourside corporate limits, LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write RURAL and give nearest town) pers. Pag write RURAL and give nearest town) TOWSON d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARMS NAME OF Doy Year DECEASED OF DEATH 20 19 6 requires that the death certificate be executed SEX IF UNDER 1 YEAR AGE (In years IF JNDER 24 HRS R MARRIED birthdoy) Months DIVORCED 12 CT ZEN OF WHAT 10b KIND OF BUSINESS OR during most of working life, even INDUSTRY COUNTRY? signed by the attending physician burial-transit permit. Then please burial, crematian, or remaval, and - HOUSEWIFE 14 MOTHER'S MAIDEN NAME DORDTH WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes give wor or dates of service 18 CAUSE OF DEATH (Enter only one couse per line for PART | DEATH WAS CAUSED BY: INTERVAL BETWEEN IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (o), DUE TO stoting the underlying couse as the priartal has been lost. ATTENDING PHYSICIAN: The Idw PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO certificate 2Do ACC DENT WAS UNDERLYING [2Db DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port | or Port | of item 181 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PtACE OF INJURY (Home, form 2Dc TIME OF INJURY Month, Doy, Year (City or fown) (County) (Stote) Not While foctory, street, office bldg., etc.) ot work 21. I certify that (P) (this haspital) attended the deceased from Oct 1966, to teb 20 1967, that (W (we) last 10 20 19 67, and that death accurred at 6 7 M, from causes and on the date stated above TO FUNERAL DIRECTOR: sow the deceased alive on_ 220. SIGNATURE 22b DATE SIGNE ATTENDING DIRECTOR M.D. 22d ADDRESS GREATER 22c. PHYSICIAN'S O HOSPITAL Clifton C. Presser NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION 23b DATE THEREOF (County) (Stote) REMOVAL (Specify)
Burial Shamokin 044 Fellows 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR W Jenkins 250 REC'D BY REG STRAR VR A15 (4) 25M 1/67

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 Item #6 Film CERTIFICATE 01892 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission 1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) LENGTH OF STAY IN 1b Towson Baltimore 21204 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d NAME OF HOSPITA, OR INSTITUTION (If not in hospital give street address) 617 Charles St. St. Joseph Hospital YES NO 3 NAME OF First Middle 4. DATE Month Day Lost Year DECEASED OF February Alica MERRITT 1967 (Type or print) DEATH IF UNDER 1 YEAR S SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost_huthday) Months Days Hours June 8, 1889 / White WIDOWED DIVORCED Female 10a USLAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Maryland Homemaker 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no. or unknown) (If yes give war at dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) ONSET AND DEATH PART DEATH WAS CAUSED BY Acute myocardial infarction secondary to IMMEDIATE CAUSE (o) 4301 coronary artery disease DUE TO Conditions, if any, which gove nse to immediate cause (a), **DUE TO** stating the underlying couse Arteriosclerosis last. WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO JC 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port i or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Doy, Year factory, street, affice bldg, etc.) Hour a.m. Not While at work at work 21. I certify that M (this haspital) attended the deceased from... 19_67, to_ 19_6.7 that 10 (we) last and that death occurred at 12:30M, fram causes and on the date stated above. sow the deceased glive on 2/11 19.67 22b DATE SIGNED 22a SIGNATURE STAFF PHYS February 11,1967 ATTENDING DIRECTOR Wero MD. 22d. ADDRESS 22c. PHYSICIAN'S Arturo Pidlacan, M.D. NAME (Type) 7620 York Rd., Towson, Md. 23c NAME, OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23a PURIAL CREMATION, REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sq. RESD BY REGISTRAR 25b REGISTRAR'S SIGNATURE

ATTENDING PHYSICIAN: The law requims that the death certificate be executed within 24 hours after death remave carbon papers Pa in any event, within 72 haurs .⊆ gud Ö crematian, signed by the buriof-transit Page 4 may be retained by the haspital or attending physician. be detached far use as the State Dept. af Health priar to **DIRECTOR:** After director, page 3 shauld should be filed with the 2

20 M 1/66





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01894 death. ampletely filled in by the funeral ve carban papers. Pages 1 and event, within 72 hours after death 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 15 CCITY OR TOWN (II write RGRAL and give negrest tawn) write RURAL and give nearest town) Catonsville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) completely filled in d. STREET ADDRESS IS RESIDENCE ON A FARM? NO Forest Moven Lursin 3. NAME OF Day 4+ Middle DATE Lost Year DECEASED (Type ar print) .eel DEATH S SEX 6 COLOR OR RACE DATE OF BIRTH AGE (n years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED last birthday) Manths Days Haurs and in any WIDOWED DIVORCED White Lale gud 100 USUA, OCCL PATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? lease during most of working life, even if retired) INDUSTRY 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address requires that the death permit. (Yes, na, or unknown) I(If yes give war or dates af service attend 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) be retained by the hospital ar attending physician. DUE TO 171500-51 Conditions, if ony, which gave rise to immediate cause (a), **BUE TO** stating the underlying cause has been d for use as the of Health prior ta last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING [20b, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MED CAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (State) 20c TIME OF INJURY Month, Day, Year (County) Haur o.m. factory, street, office bldg , etc.) While Nat While at work at wark . 1967, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from ... ta 19 C >, and that death occurred at 1. 45 MM, from couses and an the date stated above. sow the deceased olive an... 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR **ATTENDING** PHYS. M.D PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) 824 811 march 1 10V 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town) 23o BURIAL CREMATION. (County) - REMOVAL (Specify) len Haven Memoriaal Perl 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 VI 7ª larley oluison LOCA.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01001 death. NAME OF DECEASED 2. DATE AND HOUR OF DEATH funeral 1 and Type or Pastl lona Mihalovich 2 - 1 - 67etited within 24 hours ofter PLACE OF DEATH IN BALTIMORE MARYLAND by the ra 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission BIL WILL FULL NAME OF If not in hospital or institution, give sheet HOSPITAL OR oddress or acotton) (foutside city limits, write RURAL and give township. papers in 70 h/ Ē INSTITUTION filled laryland Baltimore. D. STREET ADDRESS (If rural, give location) 627 Aldershot Rd. completely Adershot Ro-d 5. SEX 6. RACE MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs, Months: Days : Hours : Min. WIDOWED, DIVORCED (specify) lost birthdoyl 3 - 13 - 95Widowed Female! White gud IDA USUAL OCCUPATION G ve kind of work IDB. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stole or fore gn country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY physicion on please Hur rang Hungry The law requires that the death certificate Editorall assistant Newspaper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Helene Albach Carl Helmbold attending p permit. The 15. Was Deceased Ever in U. S. Anned Farces? 17. INFORMANT 6. SOCIAL ADDRESS permit. (Yes, no or unknown)(If yes, give wor or doles of service) SECURITY NO. Adershot Road 212-48-0044 Alice signed by the burial-transit p the CAUSE OF DEATH 18. INTERVAL BETWEEN DISEASE OR CONDITION DIRECTLY offerding physician LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, been injury or complication which caused death.) the ANTECEDENT CAUSES 00 QUE TO hos use DISEASES OR CONDITIONS, if any, giving rise, to the above couse (A) stating the certificate OR ATTENDING PHYSICIAN: be retained by the hospital or ĮQ. UNDERCTING CONDITION Inst. detached MEDI ZIT HOW DID INJUST VOCUS 21 D. TIME (Month) (Day) (Year) (Hourl 21E INJURY OCCURRED OF INJURY State Dent Not While (APPROX) Work At Work 22, I certify that (I) (this hospital) attended the deceased fram ... and that in (my) (our) apinion death occurred on the date that (I) (we) last saw the deceased alive on DIRECTOR: and have and from the tou 23A. SIGNATURE

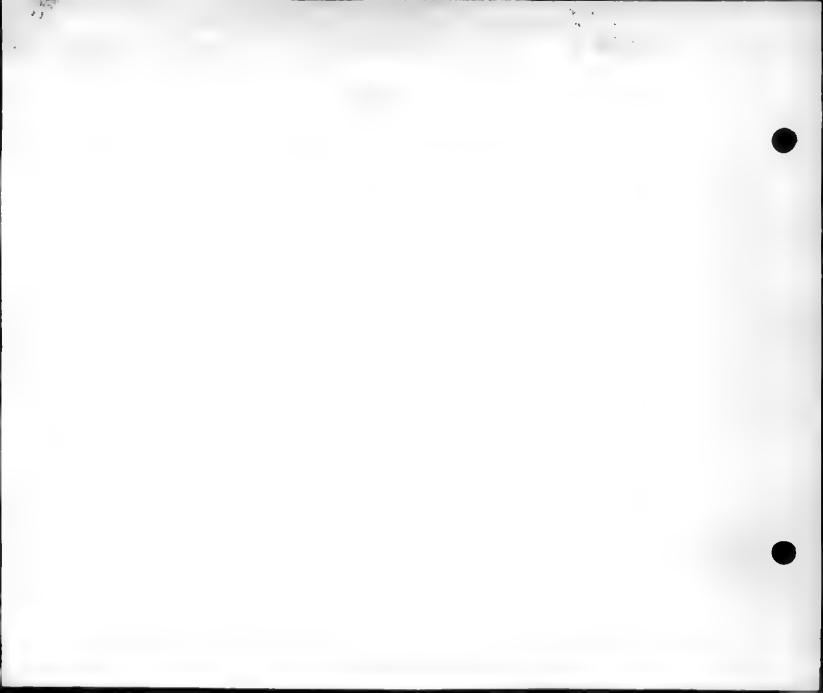
23A. SIGNATURE

23C. PHYSICIAN'S

NAME (Type)

24A. BURIAL CREMATION, 24B.

REMOVAL (Specify) and hader and from the touses stated above. (1) (We) (did) (did not) view the body after death. 238, DATE SIGNED Med. Attending Stoff TO HOSPITAL (Poge 4 may b Director 23D. ADDRESS M.D. 0 REMOVAL (Specify) Balto. Md. New Cathedral Cem. VR A15 (4) 25M 1/67 Feb. 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS G. Truman Schwab 3512 Frederick Ave. Balto. Marley Jugge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01896

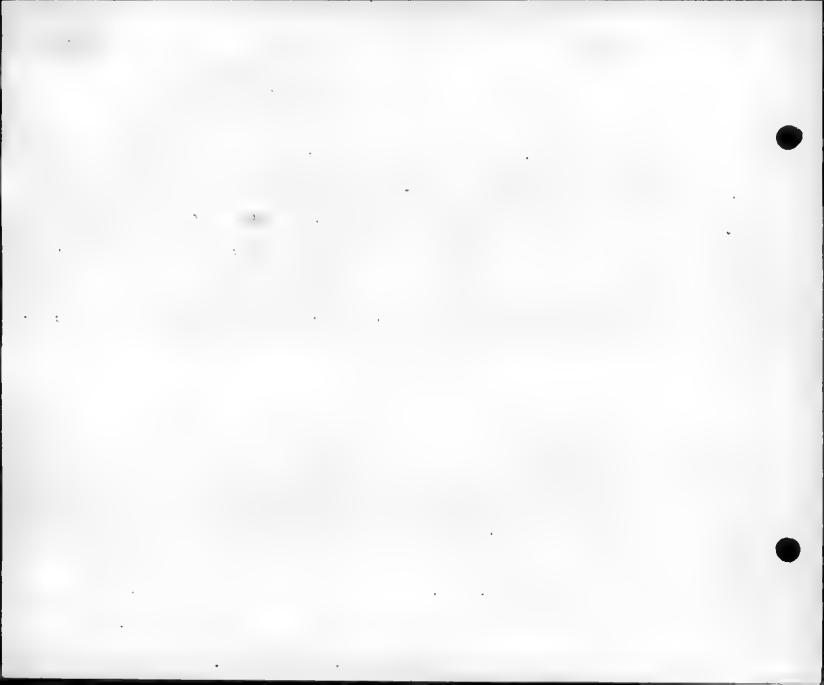
CERTIFICATE OF DEATH

01892

PLACE OF DEATH	 	CTATE	e deceased lived, if institution. Residence	e before odmission)			
BALTIMORE	MARYLAND	O. STATE MARYL	AND B. COONIT	/			
b CITY OR TOWN (If outside carparate mits,	C LENGTH OF STAY IN 16	· ·	e corporate limits, write RURAL and give	neorest town)			
FORT HOWARD	690 DAYS	BALTIMORE					
d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, gi	ve street oddress)	d STREET ADDRESS		8 IS RESIDENCE ON A FARM?			
VETERANS ADMINISTRATION HO		1639 NORTH B	ENTALOU STREET	YES NO 🔀			
3 NAME OF First	Middle		DATE Month	Doy Year			
(Type or print) GEORGE	HENRY		DEATH FEBRUARY	14 19 67			
5 SEX 6 COLOR OR RACE 7 MARRIED	NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years IF UNDER) light birthdoy) Months	YEAR IF UNDER 24 HRS Doys Hours Min			
MALE NEGRO TW DOWED		DEC. 25, 1896	70 yrs.				
	ID OF BUSINESS OR BUSTRY	11 BIRTHPLACE (County & Sto		IZEN OF WHAT			
01210112011	IVATE FAMILY	DEALS ISLAND		S. A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
GEORGE MILES		ELLA WALLA					
(Yes no prunknown) ((If yes give wor or dates of service))		NFORMANT	Address				
YES WW I 2	16 01 88 71 0	LIN.RECORDS,	VA HOSPITAL, FT H	OWARD, MD.			
18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:	(o), (b), ond (c).)			INTERVAL BETWEEN ONSET AND DEATH RECENTION			
minicolnic choice (v)							
1 × / DUE TO	OWDEDDAT MUDOWOOTO						
rise to immediate couse (a)	tree to impediate rouse (a)						
stoting the underlying couse DUE TO							
last. (c)							
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	HE TERMINAL DISEASE CONDITIE	ON GIVEN IN PART 1(o)	19 WAS ALTOPSY PERFORMED?			
MALNUTRITION				YES X NO			
MALNUTRITION 200 ACCIDENT WAS INCLUDED 205. DES OR CONTRIBUTING DEAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part i	I or Port II of item 18)				
20x TIME OF INJURY Month, Doy, Yeor 20d IN.		E OF INJURY (Home, form,	20f. (City or town) (Cou	inty) (Stote)			
Hour o.m. While p.m. 19 of work		ory, street, office bldg., etc.)					
21. I certify that (2) (this haspital) attend	ed the deceased fram=/	24/65 19	18/14/67 19	_, that (f) (we) las			
saw the deceased alive an 2/14/6	7 19 , and tha	death accurred a :4	WA M, fram causes and an th	ne date stated above			
220 SIGNATURE	. 0	ATTENDING MED). STAFF 22b. DA	ATE SIGNED			
, teoral	ruder M). PHYS. L. DIRE	ECTOR PHYS. 12/	15/67			
22c. PHYSICIAN'S	_	22d. ADDRESS	TOUTA DD LEADUR AND				
NAME (Type) GEORGE DUDAS, M.			HOWARD, MARYLAND				
230 BURIAL CREMATION, 23b DATE THEREOF REMOVA. (Specify)	23c NAME OF CEMETERY OR BALTIMORE NA			(County) (Stote)			
BURTAL $\angle 17-61$			BALITIMORE, MARYLA REGISTRAR 25b, REGISTRAR'S SI				
		LUNERAT HOME -	1,2 3 1967	ONATURE			
	701 Isurens St	Balt Palbre	Mg 3 10p/				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funera director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death be executed within 24 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certification Page 4 may be retained by the hospital ar attending physician.

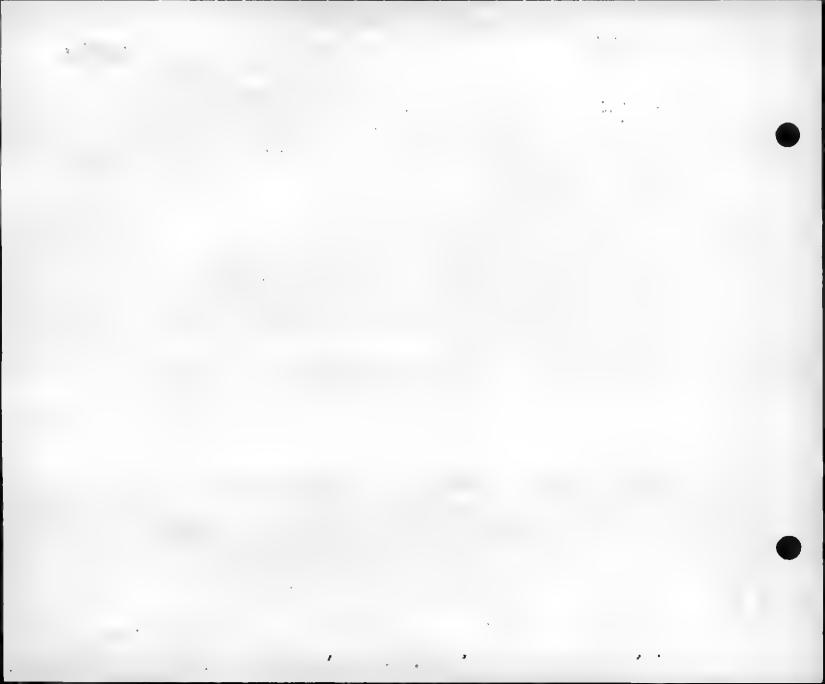
VR AT5 (4) (1) 20 M 1/66 \(\sqrt{2}\)



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(M)		01897	CERTIFICATE OF DEATH	01893
fer death		PLACE OF DEATH o. COUNTY D. CITY OR TOWN (If outside corporate innits,	MARYLAND O. STATE Mary a	b. COUNTY b. COUNTY b. COUNTY b. COUNTY b. COUNTY corporate umits, write RURAL and give nearest town)
offending physicial and completely filled in by the funero sermit. Then please remove carbon popers. Pages I and on, or removal, and in any event, within 12 hours after deal	R	write RURAL and give nearest town) A NAME OF HOSPITAL OR INSTITUTION (IF not	in hospital, give street address) d STREET ADDRESS	ACAO YES NO X
mpletely fili re carbon p event, withi		NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE	Middle 4 Dost 4 D 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH	### ### ### ##########################
cion and co	duri	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	W.DOWED DIVORCED 2/9/1880 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State NOUSTRY OWN HOME MADE)	87 yrs
nding physi it. Then pl	15	WAS DECLASED EVER IN U.S. ARMED FORCES? es, no, or upknown) (f yes give wor or doles of section)	CHARLES M. 14 MOTHER'S MAIDEN NAME CHARLES M. 17 INFORMANT SOLVE TO THE PROPERTY OF THE PROP	MILENS GARY, JR. ALLS ROAD, LUTHERUILLE
the mati		18. CAUSE OF DEATH (Enter only one couse PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o	per pine for (c), (b), and (c)) DNEUN2 ON IA	ALLS ROAD, LUTHER UILLE NTERVAL BETWEEN ONSET AND DEATH
physical signed buriol- buriol,		Conditions, if ony, which gove inse to immediate couse (a), stating the underlying couse out)	/WEEK
al or attending icote hos been far use os the Health prior to I	CATION		TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	I GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO
5425	AL CERTIFICATION	2Go ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I of 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm,	or Port It of item 18.) 20f (City or town) (County) (State)
by the frer this be detc state De	MEDICAL	20c TIME OF INJURY Month, Day Year Hour o m. p.m. 19	20d INJURY OCCURRED While of work of work of the deceased from 2 / 19 / 19	ta 2//0/1/19 , that (I) (we) last
RECTOR: A 3 should with the			2/10/67 19 74, and that death accurred at ZA	M, fram causes and an the date stated above. 22b DATE SIGNED,
Page 4 may be reformed TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22c PHYSICIAN'S NAME (Type) DR, RAFAE	PEREZ-MERA BALTO. COUN	ITY GENERAL HOSP.
Page 4 TO FUNI directo should	C		FOF 23c. NAME OF CEMETERY OR CREMATORY 23 Greenmount ADDRESS 250 RECT BY R	d (OCATION (City or Town) (County) (Stote) Baltimore Md. EGISTRAR 250 REGISTRAR'S SIGNATURE
VR A15 (4) 20 M 1/66	H H	.W.Jenkins & Sons	Co. 1905 York Rd.	1 1 1007 White Parks

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate betweented within 24 hours ofter death.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2	and the same of th		01898		CERTIFICATE	OF DEATH		01894
by the funeral Pages 1 and 2 nours after death.			PLACE OF DEATH a. COUNTY	4.	HADWAND	a. STATE	b. COU	
the fu			b CITY OR TOWN (I write RURAL one	Baltimore f auts de carparate limits, give nearest town)	MARYLAND C LENGTH OF STAY IN 16	c CITY OR TOWN (If a	MC _ utside carparate limits, write RU	Baltimore IRAL and give nearest tawn)
in by thers. Page		-		Lutherville AL OR INSTITUTION (If not in)	haspital, give street address)	d. STREET ADDRESS	rville	e. S RES.DENCE
filled in papers. thin 72 h			=	130 Tenbury R	db	130 Terrb	ury Road	ON A FARM?# YES NO
rbon t, w.t	The state of the s		NAME OF DECEASED (Type ar prnt)	First	Middle	Last	4 DATE Mon	
and completely filled in remave carbon papers. n any event, within 72 h		-	Male	6 COLOR OR RACE 7. J		B. DATE OF BIRTH	9 AGE (In years last birthday)	17 167 19 IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs Min.
and control		10a	USUAL OCCUPATION	(G ve kind af wark dane	10b KIND OF BUSINESS OR	Aug. 10, 18	85 81 yrs. & State, ar fareign cauntry)	12 CITIZEN OF WHAT
sician slease and			MINER OF	te, even if ret red) Meat Store	Meat Meat	Maryla		COUNTRY? U.S.A.
ling phy. Then premayal		10.	Geo	rge Mohr		Margaret		
mit		15. (Ye	s, na, ar <u>un</u> knawn)	IN U.S. ARMED FORCES? (If yes give war ar dates af serv	rice)	hformant bel R. Mohr	Addr Same as #	ess
signed by the ourial-transit ourial, crema				couse (a), {		METAST	977C CANCI	
N O D	1	ATION	PART II OTHER SIG		BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COI	NDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
D FUNERAL DIRECTOR: After this certificate had directar, page 3 shauld be detached for use shauld be filed with the State Dept. af Health		L CERTIFICATION	20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I		205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in	Part I ar Part II of stem 18.)	
RECTOR: After this certification of the standard of the State Dept. a with the State Dept. a		MEDICAL	20c. TIME OF INJU Hour our	10		E OF INJURY (Hame, farm rry, street, affice bldg., etc.		(Caunty) (State)
R: Afte			21. I certif	y that (I) (t his bospite ceased glive an	attended the deceased fram C	death accurred at	9 <u>66</u> to <i>FEB</i> /	Z, 1967, that (I) (**) last and an the date stated above.
DIRECTOR: ye 3 shaulded with the			22a SIGNATURE	- Swini	SÉ MD	ATTENDING PHYS.	MED STAFF DIRECTOR PHYS.	2/18/67
FUNERAL Director, page	ğ		22c PHYSICIAN'S NAME (Type)	T.C. SIU	INSK!	22d ADDRESS 206	W. PENNA.	AUTOWNON MY
TO FUNI directo shauld			BURIAL, CREMATIO REMOVAL (Specify) UL 121				23d. LOCATION (City of To	
VR A15 (4) (20 M 1/66	the same		funeral director m. Cook→I		ADDRESS , 1050 York Road Towson Md 2120	2Sa. REC'U		GISTMAR'S SIGNATURE VI LOGAL

to Hospital or Attenbing PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01893 CERTIFICATE OF DEATH pup 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) 1. PLACE OF DEATH a COUNTY o STATE b COUNTY Baltimore Virginia vithin 72 hours after MARYLAND b CTY OR TOWN (If autside corporate imits C. LENGTH OF STAY IN 15 c CITY OR TOWN (If outs de corporate limits, write RURAL and give neorest tawn) write RURAL and give nearest town) Fairfax .≡ d NAME OF HOSPITAL OR INSTITUTION (If not in hosp to give street address) d STREET ADDRESS filled 4541 McKenzie Avenue St. Joseph Hospital 3 NAME OF Middle lost 4 DATE carban campletely DECEASED ÛF. Howard event, Moore Feb. (Type or print) John DEATH S SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED remave last birthday) Male White 7-15-99 and in any WIDOWED DIVORCED pud 10a USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) e05e **INDUSTRY** physician Tennessee Carpentar Construction 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME William Moore Selma Sexton WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT attendin permit. (Yes, no, or unknown) If If yes give wor or dates of service 10 227-18-5539 Mrs. Pauline Burkholder: Fairfax. Virginia burial, cremation, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) signed by the burnal-transit p PART I. DEATH WAS CAUSED BY Bronchopneumonia extensive. right lung IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Canditians, if any, which gove rise ta îmmediate couse (a), DUF TO has been see as the te stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) for use Health p CERTIFICATION Old myocardial infarctions. certificate 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) detached f te Dept af f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept O FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Manth, Day, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Hame, form. (City at town) Haur a.m. Not While foctory, street, office bldg., etc.) of work of work pe to eb. 21. I certify that (1) (this hospital) attended the deceased fram_ Jan. 3 rd 1967 director, page 3 should should be filed with the saw the deceased alive on Feb. 1 st 19 67, and that death accurred at 3:20 M, from causes and an the date stated above. 220. SIGNATURE M.D. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S Cockburn, M.D. 7620 York Rd., Towson, Md. 21204 23a BURIAL, CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) REMOVAL (Specify) Moore Family Cemetery Del Rio. Buri al

ADDRESS

Fairfax, Virginia

Home

verly/Funeral

VR A15 (4) 20 M 1/66

within 24 hours after death.

The law requires that the death certificate be executed

2Sb REGISTRAR'S_SIGNATURE 2Sa. REC'D BY REGISTRAR 967 FFB

IS RESIDENCE ON A FARM?

Year

IF JINDER 24 HRS

19

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPS! PERFORMED?

NO

(State)

(State)

 ${ t Tenn.}$

YES TO

(County)

22b DATE SIGNED Feb.l st1967

(County)

st 1967, that (4) (we) lost

USA

NO X

67

YES [

Dov

Dovs

12 CITIZEN OF WHAT

COUNTRY?

IF UNDER 1 YEAR





be executed within 24 hours ofter death. If any delay is pending in pencil in Item 18. Give Pages 1, 2, and 3 to lef Medica. Examiner's Office along with form. PM3 Page.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death If

necessary, p ease execute the certificate, wr ting the ward

FOR STATE HEALTH DEPT.

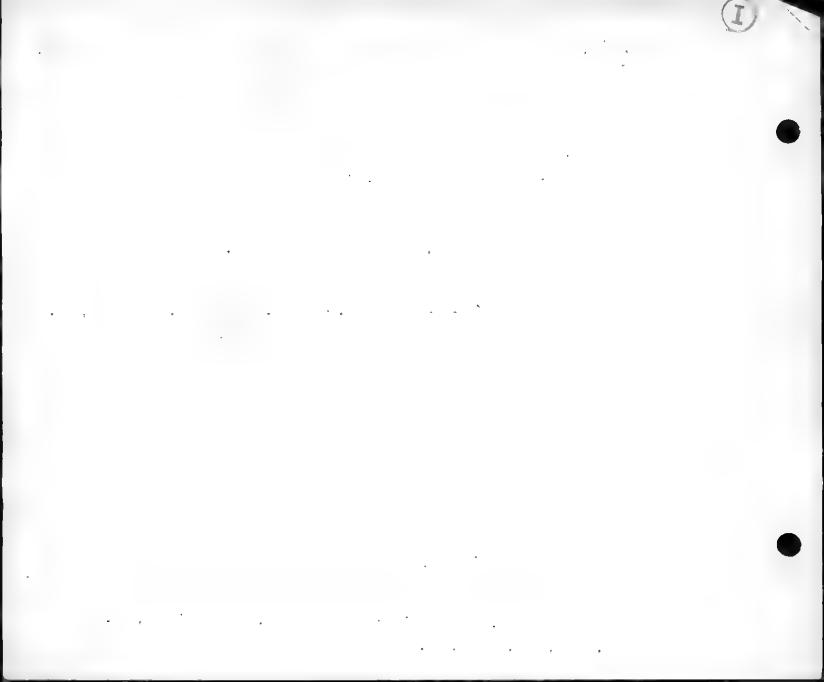
File pages 1 and 2 with the State Department of 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a bunal-transit permit Me pages 1 and 2 with the State Department of y Health or its designated agent, prior to burial, cremotian, ar removal, later hypony event within 72 hours after death.

the funero director Poge 4 should be farworded to the Chief Medica Examiner's Office along with form

VR A15ME (\$

*		01901 MEDICAL EXAMINE	R'S	CERTIFICATE OF I	DEATH		01896
] [PLACE OF DEATH O COUNTY BALTINORE MARYLAN	ND	2. USUAL RESIDENCE (Where o STATE M D.	deceased ved, if nstitu b. COU		e befare admission)
		b. CITY OR TOWN (If autside carparate limits, write BURAT and give gearest town)	b	C. CITY OR TOWN (If outside		IRAL and give	nearest town)
	(d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ST. 50 SERVE HOSPITAL		d. STREET ADDRESS 3604 4	UHITE	AVE	B. IS RESIDENCE ON A FARM? YES NO DE
		NAME OF DECEASED (Type or print) Fames First Guy Middle MC	RE	PRET 4	DATE OF FE	3 .	3 1467
	S	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED		2.24-13	9 AGE (In years lost birthday) yrs.	Months	YEAR IF UNDER 24 HRS Days Haurs Min
	duri	ousual OCCUPATION (Give kind of work done ing most of working life even fret red) Dalesman 100 Kind OF BUSINESS OR NOUSTRY Dept. Store		11 BIRTHPLACE (State or fo		,2 (T	ZEN OF WHAT INTRY? USA
	13.	Clarence Morgret		14 MOTHER'S MAIDEN NAME	Mamie	?	
	15 (Ye	was deceased ever in u.s. armed Forces? 16 SOC A. SECURITY NO 172-18-0241		NFORMANT • James G. Moi	Add gret Jr. Jo		wn, Pa.
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 1201 DUE TO	AL	INFARCT	ion		INTERVAL BETWEEN ONSET AND DEATH
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b)					
	ATION	PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	D TO T	HE TERMINAL D SEASE CONDITIC	N GIVEN IN PART I(a)		19 WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH	RRED (Enter nature of injury in Part I	ar Part II of item 18)		
	MEDICAL	20c TIME OF INJURY Manth, Day, Yeor 20d INJURY OCCURRED 20 Hour a m. While Not While p m. 19 at wark at work		E OF INJURY (Home, form, pry, street, affice bldg, etc.)	20f. (City ar town)	(Cou	nty) (Stote)
		21. I certify that I taak charge of the remains described above			-	Jiry 🚰	and in my apinian
		death resulted fram Natural causes , Accident ,	Suci	de [], Kamicide [] CHIEF MEDICAL EXAN	, Undetermined n	nanner	
		SIGNATURE William if ells hung		M.D ASSISTANT MEDICAL			22. DATE SIGNED
		EXAMINER'S WILLIAM A. PILLS BUR	4_	DEPUTY MED CAL EXI Address (Street, city,	town, or tounty)	10RT=	2-3-67
)		BUR AL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETER BUT 1al 2/8/67. Baltimore	Na	tional Cem.	Baltimor	e, Md.	County) (State)
	74 Le	FUNERAL DIRECTOR Ruck. Inc. Balto. Md. 21214		2Sa. REC'D BY	REGISTRAR 25b. R	EGISTRAR S SIG	GNATURE

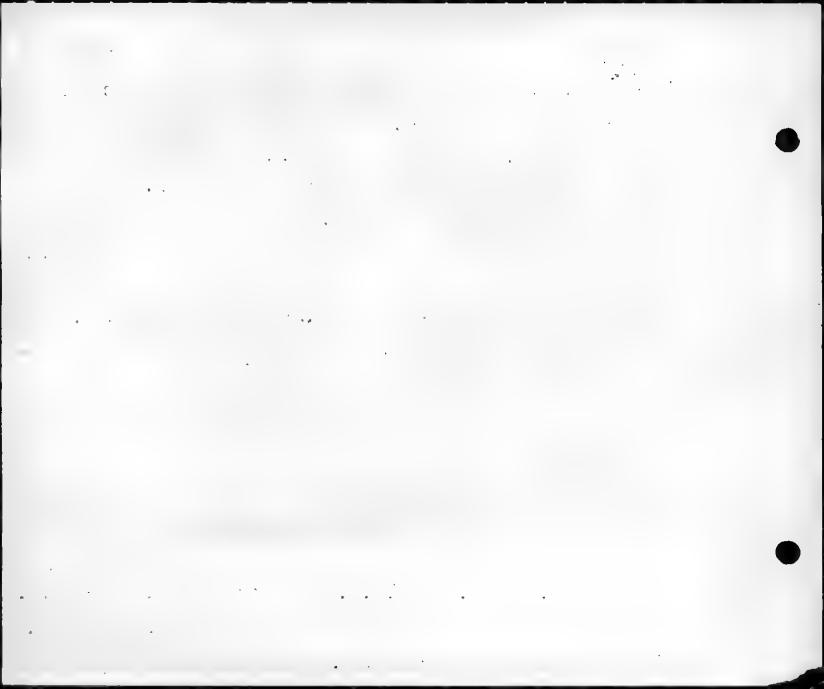


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		01902			CERTIFIC	ATE	OF DE	ATH			. n	1898	3
		PLACE OF DEATH					- CYATE	,	Vhere deceosed	lived, if institution	TY		- 7
1		Ba	lto. Co.		MARYLA	ND		Md.			G.	arrol	-
1	į	CITY OR TOWN (f outside corparate limit _give_nearest_tawn)	5,	c LENGTH OF STAY IN	1b	c CITY OR TO	WN (If ou	tside corporate l	ımıts, write RUR	AL and give	neorest to	wn)
		Luthervi	I.Te		5 Mon.		На	mpste	ad			1	
	(NAME OF HOSPIT	AL DR INSTITUTION (#Fin	ot in hospital, g	rve street address)		d. STREET ADI	DRESS				e. fS	RES DENCE N A FARM?
		119 Cr	oftley Rd.				R	2.D.	2			YES	HE NO □
	- 1	NAME OF DECEASED Type or print)	Andrew	rst	(Netraj)		Netro lost		4 DATE OF DEATH	Month Feb.	9,	Doy	Year 19 67
	5 9	EX	6 COLOR OR RACE	7 MARRIED "	NEVER MARRIED		B DATE OF BIR	TH	9. A	GE (In years	IF UNDER 1		UNDER 24 HRS
ı		Male	White	WIDOWED	DIVORCED	□ A	ug.23,	1883	'	ast birthdoy) B3 yrs	MONTHS	Ooys H	ours Min
Ī	Оo	USUAL OCCUPATION	(Give kind of work done	10b K	ND OF BUSINESS OR				& State, or foreig	n country)		IZEN OF WE	TAT
1	duni	ng most of working Farmer	ite, even if retired)	IN	OUSTRY		Checho	slova	aki.a		COL	JNTRY?	S.A.
		FATHER S NAME					14. MOTHER'S						10,121
ı		John	Netro					Judit	ta Ham	lik			
			R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO	17. 1	NFORMANT		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Addres	s		
ı	(Te	NO	(If yes give wor or dotes	service 22	0-34-6145		MrsJ	ulia	Netro	Hamps	tead.	Md.	
11			ATH (Enter only one cou H WAS CAUSEO BY: IMMEDIATE CAUSE	in	(o), (b), ond (c).)	20	lias	-les	Marie	lin	~~	INTERV	ND DEATH
1/ DUE TO 0											-	7	
l	-1	Conditions, if ony, rise to immediate		(b)	Var-	ne	no Ch	MI	3/100	selow	-		
		stoting the under		(c)			V	P			/		
190000	CATION	PART II. OTHER SIE	SNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATI	ED TO 1	THE TERMINAL O	ISEASE CON	DITION GIVEN II	N PART I(o)		19 WA PER YES [S AUTOPSY FORMED? NO
- 1	L CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY.		205 DE	SCRIBE HOW INJURY OCCU	JRRED.	(Enter noture of	Injury in I	Port I or Port II	of item 18.)			
10000	MEDICAL	20c. TIME OF INJU Hour o.n p.n	10	20d III While of work	Not While		CE OF INJURY (H ory, street, office		, 20f. (C	ity or town)	(Cou	mty)	(Stote)
		saw the de	y that (1) (this has eceased alive on _	pitol) otteno	ded the deceosed from 1962 7 an	om J d tha	t death occu	s, I	92.7.10 8150 M, 1	rom couses o	ind on th	ne dole-s	(i) (we) las igted obove
l		220. SIGNATURE	nget	- Gi	lman	C_M [MED. DIRECTOR	STAFF PHYS.	22b DA	TE SIGNED	0,196
		22c PHYSICIAN'S NAME (Type)	Br. Geo	rge T.	Gilmore, M				717 Yorl	k Road,	Luth	rvil	le,Md,
		BURIAL, CREMAT O			23c NAME OF CEMETE		CREMATORY			ION (City or Tow		(County)	(Stote)
L	-	REMOVAL (Specify)		7	Hampstea	d				ostead,			Md.
1	-	FUNERAL OIRECTO	•		AODRESS			25o. REC'D	BY REGISTRAR	102Sb-7 REG	ISTAR'S SI	CHAILBE	Just ale
L	T	ipton - H	Line Funer	al Home	Hampstead	Mo	l.	DATE	LED Ta	: 1001	4	- 4	4
-													

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and lampletely filled in by the funeral director, page 3 should be detached far use as the burnal-transit permit. Then please rethove carbon papers. Pages 1 and 2 should be filed with the State Dept at Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate he executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.

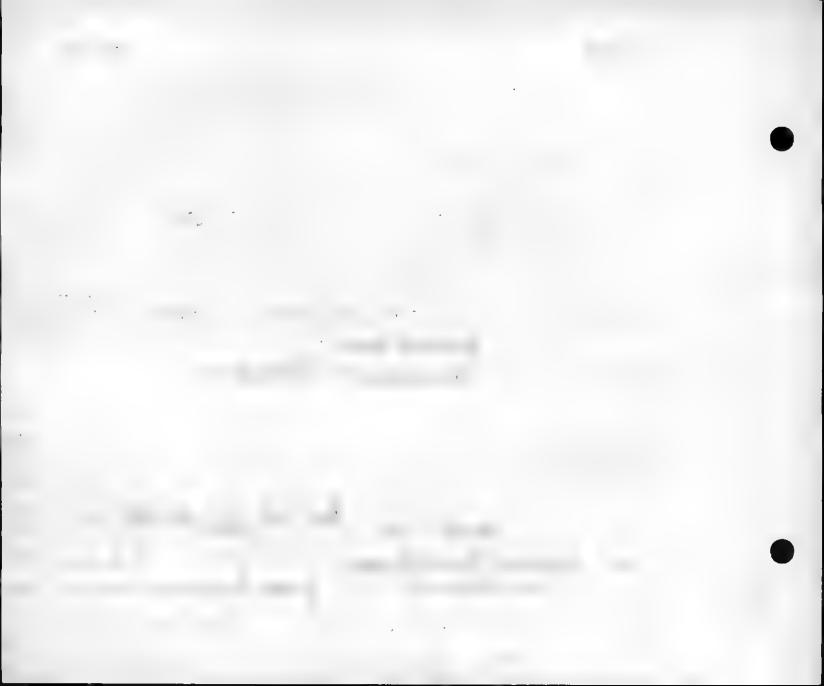
VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01903	CERTIFICATE	OF DEATH	01899
	a COUNTY W.BAITILLUY	Z MARYLAND	2 USUAL RESIDENCE (Where deceased we o STATE - May & Cell	a, if institution: Residence befase admission) U. b. COUNTY Book & WILLIAMS
	b CiTY OR TOWN (If outside corporate i,mits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	Baltiller 3	is, write RURAL and give nearest tawn)
<i>,</i> -,	d NAME OF HOSPITAL OR INSTITUTION JIE not in ho Pracelly Baltullar	ospital, give street address)	7016 Brewite.	O IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) Thomas		Nièhols 4. DATE OF DEATH	Manth Doy Year 2 8 1967
	11.0	ARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE 10st 1-17-1883	(In years buthday) Manths Days Hours Min.
	10a USJAL OCCUPATION (Give kind af work dans during most of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY. ROTUZOEL:		COUNTRY? COUNTRY? COUNTRY?
	13. FATHERS NAME Himy Nic	choles	14. MOTHER'S MAIDEN NAME / File? Zelle	S .
	1S WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war ar dates of service)	(e)	RS. EDW: A.0'8A	Address SEE # ARA - 2 ABOVE
	18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	ne far (a), (b), and (c))	•	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave) (b)	Carsinana	Monaca.	
	rise to immediate couse (a), stating the underlying cause (c)			
2	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION GIVEN IN P	ART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
	200 ACCIDENT WAS JNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 1 of	item 18)
	20c TIME OF INJURY Manth, Doy, Year Haur a.m. p.m. 19		E OF INJURY (Hame, form, 20f (City street, affice bldg , etc.)	or tawn) (County) (State)
	21. I certify that (i) (this haspital) saw the deceased alive an	attended the deceased fram	death accurred at 9:40 M, fran	n causes and an the date stated above
	220 SIGNATURE La CAROLLE	has gregge M.D	PHYS L DIRECTOR L	STAFF Z2b DATE SIGNED Z-8.67-
1	22c PHYSICIANS 1. MAE GR	ECORO O	greater Baltin	iono hedreal Centr
	23a BUR AL CREMATION, 23b DATE THEREOF REMOVAL (Specify) 2/13/19	67 GRAND VI	EW JOHNS	
	W. Brokes Brollo	A Dundally My	250 REC'D BY REGISTRAR DATE FEB 10	256 REGISTRAR'S SIGNATURE
				the the total

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending of sician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. They please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
7	£ #02£	01904 CERTIFICATE OF DEATH 01900
	after death. / the funeral ges 1 and 2 and 2. after death.	a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE, MARYLAND D. COUNTY Balto Balto
	hours aff d in by the rs. Pages thours af	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) COCUSOR C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	24 ho filled papers, in 72 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Dalane & Tausan Nurseina Home 9034 Kayanagh Rd YES NO 124
	rted within 24 hours after completely filled in by the fee carbon papers. Pages 1 event within 72 hours after	NAME OF DECEASED (Type or print) Paris Middle Last 4 DATE Month Day Year OF DEATH 7 16 19 67
	ind com	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift Under 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.
	sician a	Oa. USUAL OCCUPATION (Give kind of work done in 10b. KIND OF BUSINESS OR in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	rtificate ng phy Then pl moval,	CARL, Miller UW Known.
	eath ce attendi ermit. I	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 102 07 3768 NURSING Home Record Tollisch
	nt the dan. dan. d by the ransit p crematik	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). 1 PART J. DEATH WAS CAUSED BY: "LEON Cho Diverse of Company of Compan
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon perhould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO DUE TO (c)
	V: The tay tal or att incate ha for use a Realth p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH
	YSICIAI hospii iis cert ached ept. of	
	ING PH I by the officer the be def	Hour a.m. While Not While factory, street, office bidg., etc.) p.m. 19 at work at work
	OR ATTENDING be retained by UNECTOR: Aften ge 3 should be ed with the Stal	21. I certify that (I) (this hospital) attended the deceased from 10-17-, 1964, to 2-16-, 1967, that (I) (we) las saw the deceased alive on 15-1967, and that death occurred at 25 RM, from the causes and on the date stated above 228. SIGNATURE
U	AL OR Jay be I DIRE	M.D. ATTENDING MED. DIRECTOR STAFF DIRECTOR PHYS. DIRECTOR DIRECTO
	Page 4 may 8 for EUNERAL Did Greetor, page should be file	NAME TYPET ATTES J. MICPHILLIPS 4617 MANORDENE RD BALTIMORE MD
	TO Fa	REMOVAL (Specify) Feb 20, 1967 St. Charles Cemetery Long Island, New York 24. PINERAL DIRECTOR ADDRESS
	VR A15 (4) 15M 4-64	Wa. Cook- Brooks Towson - Towson, 4. MO DATE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0100		CLN	HITCAIL	OI DEATH				1113	1
			· · · · · · · · · · · · · · · · · · ·		2 USUAL RESIDENCE	(Where decease		ution Residen	ce before od	m ssion)
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1	CITY OR TOWN (outside corporate limits					e limits, write Ri	URAL and give	e neorest tov	vn)
	write RURAL and	give neorest town)	עאם בנ		DATETMOR	a c	,		3	
						LEI			e IŠ	RES DENCE
				'		ATTATTTON T	DOAD		Of	A FARM?
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	DECEASED					OF			Doy	Year
	· · · ·								LYFAR TIFE	19 67 INDER 24 HRS
			JAJAL				lost b rthdoy)	Months		urs Min.
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duri	na most of working l	ite, even if retired)	INDUSTRY					- (0	UNTRY?	ы
13	AINTENANC	E	MOTOR LODGE				VA.	U_	S.A.	
			16 SOCIAL SECURITY I	IO 17 IN		EAR	Add	x055— +		
(∀e	s, no, or unknown) ((If yes give war or dates of se	rvice)							
				_50L_CI	INICAL REC	CORDS	FORT H	OWARD,		
		H WAS CAUSED BY		MONTA I	TATA ESTRETANT AND	ED ORGA	NTCM		ZONSETA!	P DE LAAFEN
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	Conditions if ony	militate manner a	_							
	rise to immediate	cause (o), (Due To								
		lying couse	TANDITONA						?	
				PELATED TO TH	E TEDMINAL DISEASE CO	ONDITION GIVEN	I IN PART 1(a)		19 WAS	AUTOPSY
NOI								·C	PERI	ORMED?
HCA.								<u> </u>	1 103	4 NO
	OR CONTRIBUTING	☐ CAUSE OF DEATH	200. DESCRICE HOT HOO	TOTEORRED. (C	mor monote of migry to	. 1011 1 01 1011	11 01 11011 10.7			
DIC							(City or town)	(Cai	unty)	(Stote)
2	pm	. 19	at work at work							
			al) attended the decea	sed framI	AN. 27.	19_67_ to	FEB	7, 195	7 , that	(V (we) la:
		ceased alive an	LED* L IAOL	_, and that	death accurred a	762FM	, from couses			ated abav
	220 SIGNATURE	heisn	harson b	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	226. 0	2/8/67	
	22c PHYSICIAN'S NAME (Type)	NEILON NEI	ISON, M. D.	***		I HOWAR	D, MARY	LAND		
230	BURIAL, CREMATIO	N, 23b. DATE THERES	OF 23c. NAME OF	CEMETERY OR CE	REMATORY	23d 100	ATION (City or T	own)	(County)	(Stote)
			6/ BALTIM	ORE NATI	IONAL	BA	LITIMORE	MAR		
24	TORENTE	n zanne					1967	Jolia	res)	udge.
_			257-8.	Jonklin	St. Dalt	imore,	Md.			
	3 I I I I I I I I I I I I I I I I I I I	b. CITY OR TOWN (write RURA, ond FORT HOWAF d NAME OF HOSPITA VETERANS 3 NAME OF DECEASED (Type or print) 5 SEX MATE 100 USUA, OCCUPATION during most of working I MAINTENANC 13. FATHER'S NAME CHARIES (15. WAS DECEASED EVER (Yes, no, or Jinknown) YES 18 CAUSE OF DE PART II. DEATI Conditions, if ony, rise to immediate stating the under lost. PART III OTHER SIG CERFBRAI 200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 201 I certiff SOW the de 220 SIGNATURE 221 PHYSICIAN'S NAME (Type) 230 BURIAL, CREMATIO BUR	BAITIMORE b. CITY OR TOWN (I outside corporate limits, write RURA. and give neorest town) FORT HOWARD d NAME OF HOSPITAL OR INSTITUTION (If not in VETERANS ADMINISTRAT) 3 NAME OF DECEASED (Type or print) S SEX 6 COLOR OR RACE 7 MALE 100 USUA, OCC.PATION (Give kind of work done during most of working life, even if retired) MAINTENANCE 13. FATHER'S NAME CHARLES O'NEAL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Jinknown) If yes give wor or dotes of see year in the course part I. Death was caused by IMMEDIATE CAUSE (a) Stating the underlying couse (b), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTOCKING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 ACCIDENT WAS UNDERLYING CONTOCKING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21. I certify that (V) (this haspit saw the deceased drive an course of the c	PLACE OF DEATH O COUNTY BAITTMORE b. CITY OR TOWN (1 outside corporate limits, write RURA, and give neorest town) FORT HOWARD d NAME OF HOSPITAL OR INSTITUTION (14 not in hospital, give street oddress, VETERANS ADMINISTRATION HOSPITAL 3 NAME OF HOSPITAL OR INSTITUTION (14 not in hospital, give street oddress, VETERANS ADMINISTRATION HOSPITAL 3 NAME OF FORTIL OR INSTITUTION (15 not in hospital), give street oddress, WETERANS ADMINISTRATION HOSPITAL 10 USUA, OCC.PATION (Give K done during most of working life, even if retired) WHATE WHOWED 100 USUA, OCC.PATION (Give K done during most of working life, even if retired) WAINTENANCE 13. FAHER'S NAME CHARLES O'NEAL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, no, or unknown) (If yes give wor or dotes of service) YES 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) BRONCHOPNEUM 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CEREBRAL ARTERIOSCIEROSIS; CHRONI 200 ACCIDENT WAS UNDERLYING DOR CONTRIBUTING TO DEATH BUT NOT CEREBRAL ARTERIOSCIEROSIS; CHRONI 200 ACCIDENT WAS UNDERLYING DOR CONTRIBUTING TO DEATH BUT NOT CEREBRAL ARTERIOSCIEROSIS; CHRONI 200 ACCIDENT WAS UNDERLYING DOR CONTRIBUTING TO DEATH BUT NOT 19. DOR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 ACCIDENT WAS UNDERLYING DOR CONTRIBUTION OF MOST While of Work Contribution of Work Course Down theory of Work Course Down theory of Work Course Down theory of Work Course Down theory of Work Course Down theory of Work Course Down theory of Work Course Down theory of Work Course Down theory of Work Course Down theory of Work Course Down the Course Down the Course Down the Course Down the Course Down the Course Down the Course Down the Course Down the Course Down the Course Down the Course Down the Course Down the Course Down the Course Down the Course Down the Course Down the Course Down the	D. COUNTY BATTIMORE b. CITY OR TOWN (I outside corporate limits, write RURA. and give necrest fown) FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol. give street eddress) VETERANS ADMINISTRATION HOSPITAL 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE MATE WHITE WIDOWED DIVORCED BRONCHOPNEUMONIA, INDUSTRY MAINTENANCE 13. FATHER'S NAME CHARLES O'NEAL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ves, no, or unknown) (If yes give wor or dotes of service) PART I. DEATH WAS CAUSED BY (a) IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA, II 18. COLOR OF INJURY Month, Day, Year Hour om. PART II O'THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20. ACCIDENT WAS UNDERLYING (C) PART II O'THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20. ACCIDENT WAS UNDERLYING (C) PART II O'THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20. ACCIDENT WAS UNDERLYING (C) PART II O'THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20. ACCIDENT WAS UNDERLYING (C) ACCIDENT WAS UNDERLYING (C) ACCIDENT WAS UNDERLYING (C) ACCIDENT WAS UNDERLYING (C) ACCIDENT WAS UNDERLYING (C) ACCIDENT WAS UNDERLYING (C) ACCIDENT WAS UNDERLYING (C) ACCIDENT WAS UNDERLYING (C) ACCIDENT WAS UNDERLYING (C) ACCIDENT WAS UNDERLYING (C) ACCIDENT WAS UNDERLYING (C) ACCIDENT WAS UNDERLYING (C) ACCIDENT WAS UNDERLYING (C) ACCIDENT WAS UNDERLYING (C) ACCIDENT WAS UNDERLYING (C) ACCIDENT WAS UNDERLYING (C) ACCIDENT WAS UNDERLYING (C) ACCIDENT WAS ACCIDENT OF THE CENTRY OF CIT. ACCIDENT WAS ACCIDENT OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF	PHACE OF DEATH O COUNTY BAITTMORE	DIVORCE OF DEATH O COUNTY BAITTMORE b. CITY OR TOWN (10 studies corporate limits, works RUBA. one gave nearest town) FORT HOWARD d NAME OF HOSPITAL OR INSTITUTION (If not in hospital). 3 NAME OF HOSPITAL OR INSTITUTION (If not in hospital). 3 NAME OF DECEMBER (10 studies corporate limits). WETTERANS ADMINISTRATION HOSPITAL 3 NAME OF OSPITAL OR INSTITUTION (If not in hospital). 3 NAME OF OSPITAL OR INSTITUTION (If not in hospital). 3 NAME OF OSPITAL OR INSTITUTION (If not in hospital). 4 DATE OF DECEMBER (10 studies). 5 SEX. 6 COLOR OR RACE 7 MARRIED 10 DIVORCED 11 S. RETHIPLACE (County & State or for NOTION (Invertigation of the tries of tries of t	PLACE OF DEATH 0 COUNTY O STATE MARYLAND D STATE MARYLAND D STATE MARYLAND D STATE MARYLAND D STATE MARYLAND D STATE MARYLAND D STATE MARYLAND D STATE MARYLAND D STATE MARYLAND D STATE PLACE OF DEATH COUNTY SALTTIMORE COUNTY BALTTIMORE COUNTY BALTTIMORE COUNTY BALTTIMORE COUNTY BALTTIMORE COUNTY BALTTIMORE COUNTY BALTTIMORE COUNTY COUNTY BALTTIMORE COUNTY PLACE OF DEATH O COUNTY BALFTMORE		

TO HOSPITAL OR ATTENDING FILYSKIAM: The low requires that the deoth certificate be executed within 24 hours ofter deoth.

Page 4 may be retained by the hospital ar ottending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the "tten"ing physicial all completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. certificate be executed within 24 hours after death. TO HOSPITAL OF ATTENDING PRESIDIAN: The fam requires that the Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

THE STREET	HIFIGATE OF	DEAIL	UI.	304
1. PLACE OF DEATH a. COUNTY			deceased lived, If institution: Re	sidence before admission)
Baltimore	MARYLAND 8. S	Marylar Marylar	b. COUNTY	*
b. CITY OR TOWN (if outside corporate limits. c. LENGTH		OR TOWN (If outside	corporate limits, write RURAL	and give nearest town)
write RURAL and give nearest town) Towson	B	altimore		4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give s	treet address) d. STRE	ET ADDRESS		e. IS RESIDENCE
Dulaney Towson Nursing Hom	e 3	700 N. Cha	arles St.	ON A FARM?
3. NAME OF First Mid		ast 4. DAT		Oay Year
(Type or print) Jesse L	oeffler Pa	almer DE	TH February	7 19 67
5. SEX 6. COLDR OR RACE 7. MARRIED NEVER A	ARRIEO 8. OATE	OF BIRTH	9. AGE (In years IFUNDER 1	
F W WHOOWED K D	VDRCED 11/2	9/1877	89 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN during most of working life, even if retired) INOUSTRY	ESS OR 11. BIF	RTHPLACE (County & St	ate, or foreign country) 12. Cli	TIZEN OF WHAT
Housewife Own Ho	me	Pittsburg		U.S.A.
13. FATHER'S NAME	14. MC	THER'S MAIDEN NAME		
John Loeffler	R	achel Ower	ns	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU	RITYND, 17, INFORMA	NT	Address NE	shville.
No 216-09-143	7 Mrs. An	ne L. Sine	clair-Smith,	Tenn.
18. CAUSE OF DEATH [Enter only one cause per line or (a), (b)	and (c).] /	0 1	1	INTERVAL BETWEEN
PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)	wascle les	Carden-1	deul Desert	DIASEL WAD DEVIL
OUE TO				
Conditions, if any, which) (b)				
gave rise to immediate (cause (a), stating the OUE TO				
underlying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO TH	E TERMINAL OISEASE C	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
				YES NO Z
S DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	V INJURY OCCURRED. (En	iter nature of injury in	Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCUR Hour a.m. While Not While at work at work		URY (Home, farm, 20f	. (City or town) (Cour	nty) (State)
Hour a.m. While Not While at work at work	e ' ' ' /	office bldg., etc.)	N	· ca
21. 1 certify that (II) (this hospital) attended the deco		0 0 19	10 /Wh / 190	L that (I) (we) last
saw the deceased alive on 72001 / 1900		(74)	from the causes and on th	1
22a. SIGNATURE	11			TE SIGNED
Hellau Hola	M.O. PHYS.	MED.	STAFF 2-	-8-6/
22c. PHYSICTAN'S NAME (Type) Dry 14173 tom (1) Ho	22d.	AODRESS		/
Dr. WILLIAM W. He			Ave.	
REMOVAL (Specify)	OF CEMETERY OR CREM		LOCATION (City, town or cour	
	id Ridge	Pike	esville Balt	O Co Md
	York Rd.	ZJa. REC'D BY KE	0 1967 A Tox	O. D.
Balto 12 - Md		DATE FEB 1	0 1967	les judy

AI5 (4) M 1/65 VR.

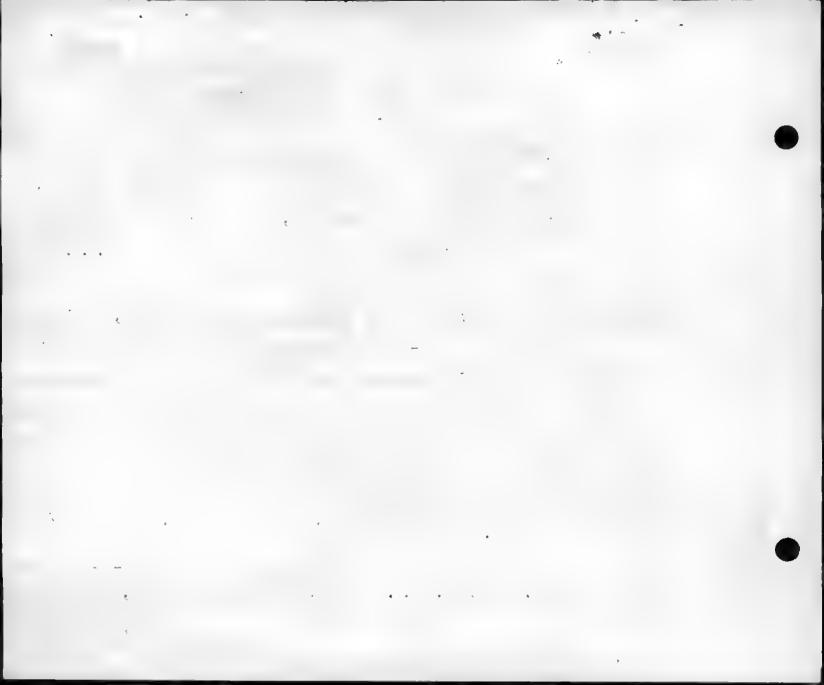


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ge	01907		CERTIFICATE	OF DEATH		01903
	1 PLACE OF DEATH				Where deceased lived, if institution	Residence before odmission)
	O. COUNTY BALTIMORE		MARYLAND	o STATE MAR	YLAND b. COUNTY	P P
	b CITY OR TOWN (If outside corporate limits,		c LENGTH OF STAY IN 16	C CITY OR TOWN (If bu	itside corporate limits, write RURAL	and give neorest town)
ì	FORT HOWARD		59 DAYS	BALTIMO	RE	
1	d NAME OF HOSP TAL OR INSTITUT ON (If not	n hospitol, g	ive street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
	VETERANS ADMINISTRA	TION F	HOSPITAL	3038 BRIG	HTON STREET	YES NO X
	3 NAME OF First		Middle	Lost	4. DATE Month	Doy Year
	DECEASED (Type or print) LOUIS		DAVIDSON	PARKER	DEATH FEBRUAR	
	S SEX 6 COLOR OR RACE	7 MARRIED	HE THE INVINCTION	B. DATE OF BIRTH	last burthday)	Months Doys Hours Min
	MALE NEGRO	WIDOWED		ARCH 22, 190	06 60 yrs	
	100 USUAL OCCUPATION (Give kind of work done	10b KIN	ND OF BUSINESS OR	11 BIRTHPLACE (County	& Stote, or foreign country)	12 CITIZEN OF WHAT
	during most of working life, even "firefired) LABOHER.	RA	LIROAD		MARYLAND	COUNTRY?
1	13. FATHER S NAME			14. MOTHER'S MAIDEN	NAME	
	DONALD PARKER			ALETHEA 1		
	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of s	tenzical		NFORMANT	Address	
	YES WII	7]	18 03 34 85 C	LINICAL RECO	ORDS FORT HOWA	
	1B. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN
	IMMEDIATE CAUSE (o) <u>CA</u>	ARDIO-RESPIRAT	ORY FAILURE		MINUTES EATH
	DUE TO					
	Conditions, if any, which gove) (b		ARCINOMA OF LAI	RYNX		8 MONTHS
	stoting the underlying couse)				
	lost. (c	Think Thic Y	O DESTU DUE NOT DELETED TO	THE TERMINAL DISEASE CO.	DITION CIVEN BY BADT 2(-)	19 WAS ALTOPSY
Ì	S PART II OTHER SIGNIFICANT CONDITIONS CON	I KIBUHNG II	O DEATH BUT NOT KELATED TO	INE TERMINAL DISEASE CO	IDITION GIVEN IN PART 1(0)	PERFORMED?
Ì	200 ACCIDENT WAS UNDERLYING	201 DEC	SCRIBE HOW INJURY OCCURRED	Enter acture of insure in	Port Los Bort II of item 30)	YES NO K
	OR CONTRIBUTING CAUSE OF DEATH	205, 053	KRIDE HOW INJURT OCCURRED	fearer agains or infats in	ron t or ron it of ment ib.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year	20d IN	JURY OCCURRED 20e PLA	CE OF INJURY (Home, form). 20f. (City or town)	(County) (State)
	Se Hour o.m.	While	Not While fect	ory, street, office bldg., etc.]		(2001)
	p.m. 19 21. 1 certify that (1) (this hospi	ot work		DEC 27 1	0.66 to EPP 21.	10.67 shee /1V/
	sow the deceased alive on FE	B. 2)	19 67 and that	t death accurred at	500PM from rouses on	, 17 <u>01</u> , 11101 , Ny (we) 103
	22g SIGNATURE					22b DATE SIGNED
	Hoe fix	rand	M.I	D. PHYS.	MED STAFF DIRECTOR PHYS.	2-24-67
	22c. PHYSICIAN'S	1	1	22d. ADDRESS		
	NAME (Type) JOSE A. RA	QUEL .	JR. M.D.	VA HOSPI	TAL, FORT HOWAR	D, MARYLAND
	230 BURIAL, CREMATION. 23b DATE THERI		23c NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town	(County) (Stote)
	BUHLAL 2/28/6	-	BALTIMORE NA			E, MARYLAND
3	24. FUNERAL DIRECTOR NUTTER FU			2So. REC	B 2 TAR 1967 REGIS	STRAR'S SIGNATURE
	303C M MODEU MENTE	DATMI	じょくしんしょう しょうしょうしょうしょう	0 000		The state of the s

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. TO BOSPITM OR ATTENDING PRYTICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or ottending physician.

VR A15 (4)



Items 18&21 Film 386 3-13MARYLANDSTATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01904 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATES PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY 2, and 3 to PM3 Page Maryland Washington Baltimore State Department of MARYJAND deloy b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) 3 yrs. Hagerstown Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? icate, writing the word "pending" in pencil in Item 18. Give Pages 1, be forworded to the Ch et Medical Exominer's Office olong with form Rosewood State Hospital 341 North Jonathan St. YES NO [3 NAME OF Midde DATE Lost DECEASED PARSON CHARLES DEWITT 16 19 67 (Type or print) DEATH 9 AGE (In years S SEX 1F UNDER 1 YEAR FUNDER 24 HRS 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH NEVER MARRIED last birthdoy) Months DIVORCED WIDOWED 6-15-56 Male Negro 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during most of working life even fretired) INDUSTRY USA Harford County, Md. None Dependent 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME within 72 hours Yvonne Elizabeth Medley Tom Parson 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16 SOCIAL SECURITY NO (Yes, no, osynknown) (If yes give wor or dates of service) Rosewood Records, Owings Mills, Maryland none INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-tronsit event v PART I. DEATH WAS CAUSED BY. ONSET AND DEATH Bronchopneumonia IMMEDIATE CAUSE (a) certificate should DUE TO yno Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse PART I C FR SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1,01 WAS AUTOPSY cremotion, or removal, PERFORMED? CERTIF, CATION Post hepatic liver cirrhosis the certificate, YES X NO 20o. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING 4 should TAL EXAMINER: CAJSE OF DEATH MEDICAL 20f (City or fown) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (Stote) Not While factory, street, office bldg , etc.) DIRECTOR: Poge of work of work 21. I certify that I took charge of the remains described above, held on Autopsy \(\mathbb{X}\), Inspection [Inquiry ond in my opinion deoth resulted from: Notural couses [*]. Accident Suicide Homicide Undetermined monner funeral director be retoined CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER may be re FUNERAL ! DEPUTY MEDICAL EXAM NER 2/17/67 Rudiger Breitenecker, M.D. **EXAMINER'S** O FUNE Health NAME (Type) Address (Street, city, town, or county) the 230 BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Burial (Specify) Feb Cemetery Rose Hill Hagerstown 24. FUNERAL DIRECTOR 25d REC'D BY REGISTRAR VR A15ME (5) \$ n 6M 1/67 60



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01969

CERTIFICATE OF DEATH

01905

1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution R	esidence before admission)
}	OUNTY Baltimore	MARYLAND	o STATE Maryland b. COUNTY	Baltimore
	b CITY OR TOWN (f outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL a	nd give nearest town)
	Towosn	29 days	Towson (Ruxton Tow	ers)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito,	give street oddress)	d STREET ADDRESS	e 15 RESIDENCE ON A FARM?
	Greater Baltimore Medical		8415 Bellona Lame	YES NOXX
3	NAME OF DECEASED (Type or print) HARVEY	Middle TA	TERSOA DEATH FETS.	15 1967
5	SEX 6 COLOR OR RACE 7. MARYIED			NDER 1 YEAR IF UNDER 24 HRS
	Male White WIDOWED	DIVORCED	Dec. 14, 1914 52 yrs	III DOYS HOUIS MIII.
		ND OF BUSINESS OR BUSINESS OR	17. BIRTHPLACE (Caunty & State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
L	Engineer	OUJIK)	Virginia	U.S.A.
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Reathy Mack Patterson		Lula Mae Bryant	
17	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. Yes, no. or unknown) lift yes give wor or dotes of service)		NFORMANT 604 Orplingt	on Rd.
L	Yes, no, or unknown) (If yes give wor at dotes of service) NO	?/ Way	ne D. Albrecht, Baltimore.	Maryland 21229
	18. CAUSE OF DEATH (Enter only one couse per line for PART 1, DEATH WAS CAUSED BY.		0.45	INTERVAL BETWEEN
	IMMEDIATE CAUSE (c)	RTERIOSOLI	ERUTIC CARDIOVASCU	LAYC
	DUE TO	VISER	4SE	
	Conditions, if ony, which gave (b)	Q 8 412-1		
	stoting the underlying couse DUE TO			
	lost. (c)	CO DELTH OUT NOT OFFITTO TO T	TO TOUR ALL DEFENCE COURS TOUR CONTRACT AND TOUR AND THE	19 WAS AUTOPSY
CATION	PART I) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	O DEATH BUT NOT KHEATED TO T	HE IERMINAL DISEASE COND FON GIVEN A PAKT (0)	PERFORMED? YES NO
CERTIFICATION		SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Part II of item 18)	
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d II		CE OF INJURY (Home, form 20f (City or town)	(County) (Stote)
17.2	Hour a.m. While p.m. 19 of worl		ory, street, office bldg., etc.)	
	21. I certify that (I) (this haspital) attend	ded the deceased fram	1-16 , 1961, to 2-15	19 67 , that (I) (we) last
	saw the deceased alive an 2-13	19 5 1 , and that	death accurred at 11-30PM, fram causes and	
	220. SIGNATURE Way L. Ro	Jul Mc	ATTENDING MED DIRECTOR PHYS X	26. DATE SIGNED 2-15-67
	22c PHYSICIAN'S NAME (Type) JUAN L.	ROQUE	6BMC. Towson.	Man land
2	30 BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR		(County) (State)
	Buffig (Specify) Feb. 18,1967	Dulaney Vall	ey Cemetery Cockeysville,	Baltimore, Md.
	m. Cook-Brooks Towson, 105	ADDRESS O York Road Son, Maryland	EEC 1051 1050	ARS SIGNATURE
-				

to Hospital or Attending PHYSICIAN: The law requires that the Death certificate be executed within 24 hours after Death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then piezse, remave carban papers. Pages, rend should be filed with the State Dept of Health prior to burial, cremation, ar remaval, and it any event, within 72 hours after depth Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67





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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before odmission) PLACE OF DEATH o. COUNTY **b** COUNTY saltimore MARYLAND Laryland b CITY OR TOWN (If outside carparate limits, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 write RURAL and give nearest town) Catonsville e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS YES NO 😓 23 Gou h Forest Haven Hursing Home 4. DATE 3 NAME OF First Middle Year Lost Dov DECEASED OF February 3 19 (Type or print) DEATH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS SEX 8 DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** lost birthday) Months Hours White 100 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 06. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Ranufacturer COUNTRY? INDUSTRY Lacaroni Italy Italy 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Guy Peluso 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) Patur Peluso S. Ann Street (Son INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying couse last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20g ACCIDENT WAS INDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or fown) (County) (State) 20c TIME OF INJURY Month, Doy, Year Haur o.m. factory, street, affice bldg., etc.) **Not While** at work at work 21. I certify that (I) (this hospital) attended the deceased from 1967, that (1) (we) last saw the deceased alive on. Z, and that death occurred at 112M, from couses and on the date stated above. DATE SIGNED 22a. SIGNATURE 22b **ATTENDING** DIRECTOR M.D.

ond 2 death by the funeral papers. Page. 72 haurs after d campletely filled in tove carban papers. event, within 72 remove and in any and þe e ge law requires that the death certificate burial, cremation, ar removal, Then affending perm.t. the signed by the burial-transit p Page 4 may be retained by the haspital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health prior to ATTENDING

executed within 24 hours ofter death.

VR A15 (4) 20 M 1/66

24 FLUERAL BURPCTOR

22c PHYSICIAN'S

23g BURIAL CREMATION. REMOVAL (Specify)

NAME (Type)

23b. DATE THEREOF

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY Stanislaus Cer

aven Ilvd.

23d LOCATION (City or Town)

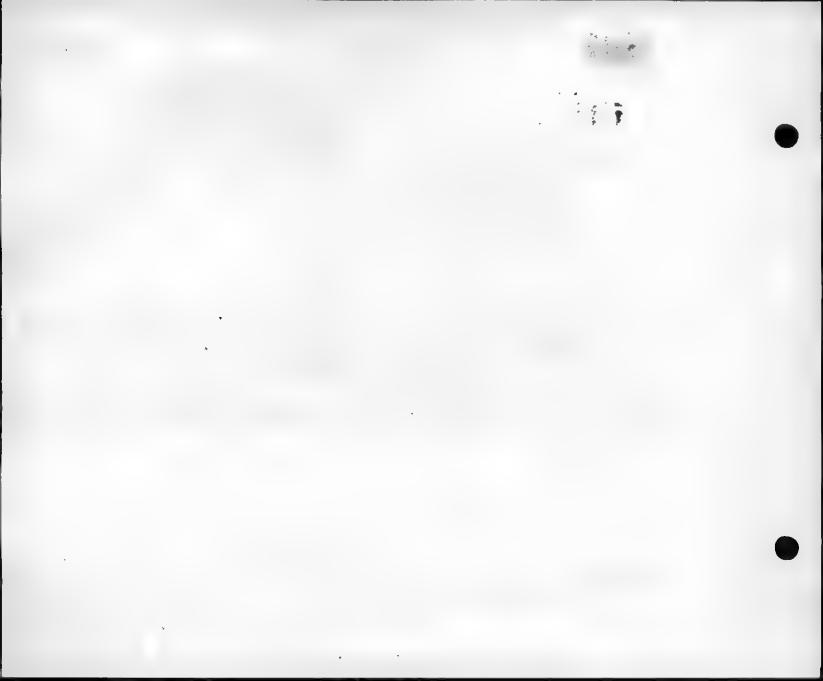
PHYS.

(State)

2Sb. REGISTRAR'S SIGNATURE 2Sq REC'D BY REGISTRAR

22d ADDRESS

8.6711166 1 3600



FOR STATE!

delay 15

TAL EXAMINER. This certificate shamld be emecated within 24 Maurs after Weath If

tofo and

necessary, please execute the certificate, writing the ward 'pending' in pencil in Item 18 Give Pages 1, 2, and 3 to the funeral director Page 4 slauld be farwarded to the Clief Medical Examiner's Office along with form PM3 Page 5 may be retained far your files.

Health griar ta burial, cremation, ar remayal, and in any event within 72 hours after deal

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0131%		MED	ICAL EXAMINER 3	CERTIFICATE O	r DEATH	01908
	PLACE OF DEATH a. COUNTY	Baltimore		MARYLAND	o STATE Mary	land b. cou	pairimore
	b CITY OR TOWN (I	If outside corporate 1 mits, I give negrest fown) Dundalk		10 months	Dendit Ek	tside corporate in ts write RU	JRAL and give nearest town)
	d NAME OF HOSPITA	AL OR ASTITUTION (IF not	ın hospitol, g	ive street address)	d STREET ADDRESS		e IS RES DENCE
		8172 Kavana	gh Roa	ad (Sidewalk)	8134	Kavanagh Road	d YES NO
3	NAME OF	First		M ddle	Last	4 DATE Mor	
	(Type or print)	MARCU	JS	Sarafin	PENA	OF DEATH Feb	ruary 16, 19 67
5	Male	6 (OLDR DR RACE White	7 MARR ED : W DOWED	NEVER MARR ED	B. DATE OF BIRTH Oct. 22-192	9 AGE (In years	Months Doys Hours Min.
	o USUAL OCCUPATION	(Give kind of work done lite eyen if ref red)		ND OF BUSINESS OR DUSTRYTTACKS	11 BIRTHPLACE (Stote	or fore gn country)	12 CITIZEN OF WHAT
13	FATHER'S NAME	Sarafin Per	næ		14 MOTHER'S MAIDEN N	gele Zebalia	
19 (Y	was deceased ever es, no unknown)	R IN J.S. ARMED FORCES? (f yes g ve wor or dotes of	16. S		or Eileer,	Pens, #2,s,b	
	Conditions, if ony, rise to immediat stating the under last.	which gove e couse (o). Ilying couse (0	iosclerotic Ca			DNSET AND DEATH
ATION	PART II OTHER SIG	gn ficant conditions <u>co</u>	NTRIBUTING T	D DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE (DN	IDITION GIVEN IN PART 1(0)	19 WAS ALTOPSY PERFORMED? YES X NO
CERTIFICATION	20o. EXTERNAL CA PRIMARY I or COR CAJSE OF DEATH		20b DES	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in t	Part I or Part I of Item 18)	
MEDICAL	20c TIME OF INJU Hour o.n	JRY Month, Doy, Yeor n	While		CE OF INJURY (Home form ory, street, office bldg., etc.)		(County) (State)
	21 certify	y that I taak charge	af the rem	nains described above, he	ld an Autapsy 🕱,	Inspection, Inq	juity . and in my opintan
	death result	ed from Natural	causes 🗓	, Accident , Suic	ide, Homicide	, Undetermined in	nonner
	ACTUAL SIGNATURE	US COTO	Mu	h	CHIEF MEDICAL M D. ASSISTANT MED	EXAMINER ICAL EXAM NER &	22. DATE SIGNED
	NAME (Type)	Rudiger Brei			Address (Street	L EXAMINER	2/17/67
23	BURIAL, CREMATIO			23c NAME OF CEMETERY OR WOOdlawn	CREMATORY		de County, Florida
2	4. FUNERAL DIRECTO		. The last	ADDRESS		BY REGISTRAR 25b. R	REGISTRAR'S SIGNATURE
1	JOHN J.	DUDA, Dand	Elk. W	farvland 21222	DATE	5 H Z U 1967	Throughly was well and

VR A15ME (5) 6M 1/67

1. 1. 1. ٠٤ ٤ ١٤ ٤ ٤

FOR STATE HEALTH DEPT.

delay is

TO DIFFERY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death

necessary, please execute the certificate, writing the ward "pending" in pencil

in Item 18. Give Pages 1, 2, and 3 to office along with farm PM3. Page pages I and 2 with the State Department of Health prior to burial, cremation, ar removal, and in any event within 72 hours after death. the funeral director. Page 4 should be farwarded to the Chief Medical Exargner 5 may be retained for your files.

01913

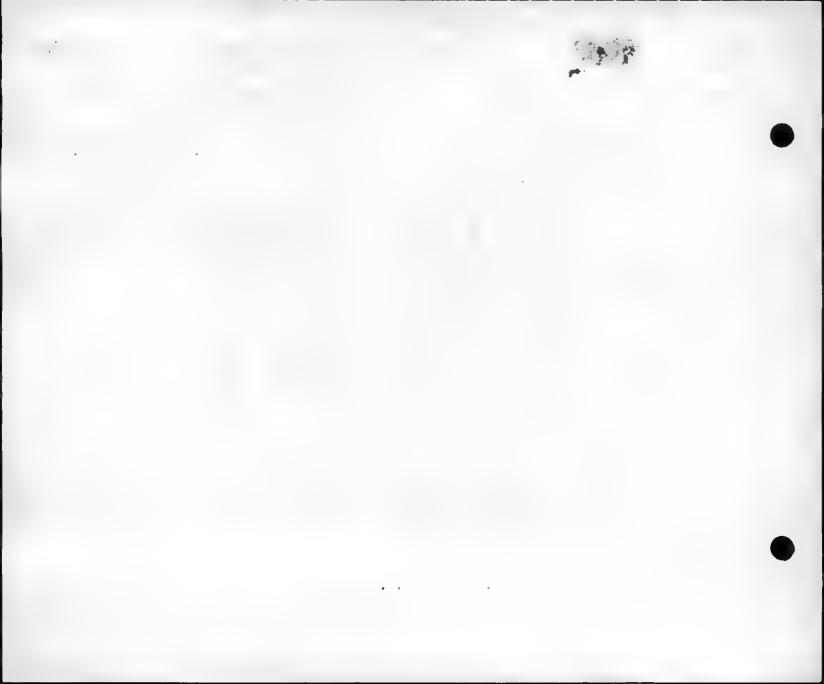
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01909

1 PLACE OF DEATH				(Where deceosed led, finstitution Res	dence before admission)
o COUNTY	BALTIMORE	MARYLAND	o STATE Mar	yland b COUNTY B	ALTIMORE
b CITY OR TOWN	f outside corporate limits, d give nearest town)	c. LENGTH OF STAY IN 16	1	outside corporate limits write RJRAL and	g ve nearest town)
WINE KURAL ON	a give nearest town;				#
d NAME OF HOSPIT	TAL OR INSTITUTION (If not in hi	ospitol, give street address)	d STREET ADDRESS		# 15 RESIDENCE
427 Lai	ngley Road		427 Langle	ey Road, Edgewater	Apt -YES NO
3. NAME OF	First	Middle	Lost	4 DATE Month	Doy Year
(Type or print)	Chalme	r Dean	PHIPPS	DEATH February	12 , 19 67
S SEX	6 COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8 DATE OF BIRTH		S Doys Hours Man
Male	White w	DOWED DIVORCED .	may 4, 19	17 mat betbdoy) Month	s Doys Hours Min
TOO US JAL OCCUPATION	N (Give kind of work done	10b KIND OF BUSINESS OR	11 BIRTHPLACE (Stote	e or lare gn (ountry) 12	CITIZEN OF WHAT COUNTRY?
dur ng mast of work ng		INDUSTRY	north	Carolina	COUNTRY
13 FATHER S NAME	2 .		14. MOTHER'S MAIDEN	NAME	·
Char	lie " P	hippe	marge	ret Cop.	
IS WAS DECEASED EVI	R IN J S ARMED FORCES?	18 SOCIAL SECURITY NO 17	INFORMANT	Address	
Charles and the control of the contr	(If yes give war or dates of servi	244-14-3949	Howard	Phippe Sun	al as above
	EATH (Enter only one couse per	line for (a), (b), and (c).)			INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Lobar pnet	monia		ONSET AND DEATH
5810	DUE TO				
Conditions, if any		Fatter mate	amorphosis c	of live	
rise to immedio	le couse (a) { DIE TO	1 4 4 6 y 110 C	WIIIOT PITOP TO	71 11VC1	
iost.	(c)				
PART I OTHER S	IGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY
200 EXTERNAL CO					Part PETDRMED?
200 EXTERNAL C		20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Port 1 or Port II of item 18 }	
PRIMARY Or CO	NTRIBUTING 🗆				
3 20r TIME OF INI	JRY Month, Day, Year	20d INJURY OCC JRRED 20e PLA	CE OF INJURY (Home, for	m 20f (City or town)	(County' (State)
물 Hour o.	m.	While Not While of work	tory, street, office bldg., etc	:)	
	1194	the remains described above, he	Partial	Inspection [], Inquiry	, and in my apinian
death resul			ade . Hamicide		
200,111			CHIEF MEDICA	No.	
ACTUAL SIGNATURE	Kussel	1 Monher		DICAL EXAMINER	22. DATE SIGNED
EXAMINER'S NAME (Type)	Russell S.	Fisher, M.D.		CAL EXAMINER Februa:	ry 20, 1967
230 BURIAL CREMAT		23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (C ty or Town)	(County) (State)
REMOVAL (Speed	, 2/22/	67 Plesant	Valley.	ash Cu.	21, 6,
24 FUNERAL DIRECTO	OR TO	ADDRESS	250 REC	D BY REGISTRAR 256 REGISTRAR	'S SIGNATURE
Bridge	7. Hunera	(Stone. n.		0.00 4007	0

VR A15ME (5) 6M 1/67

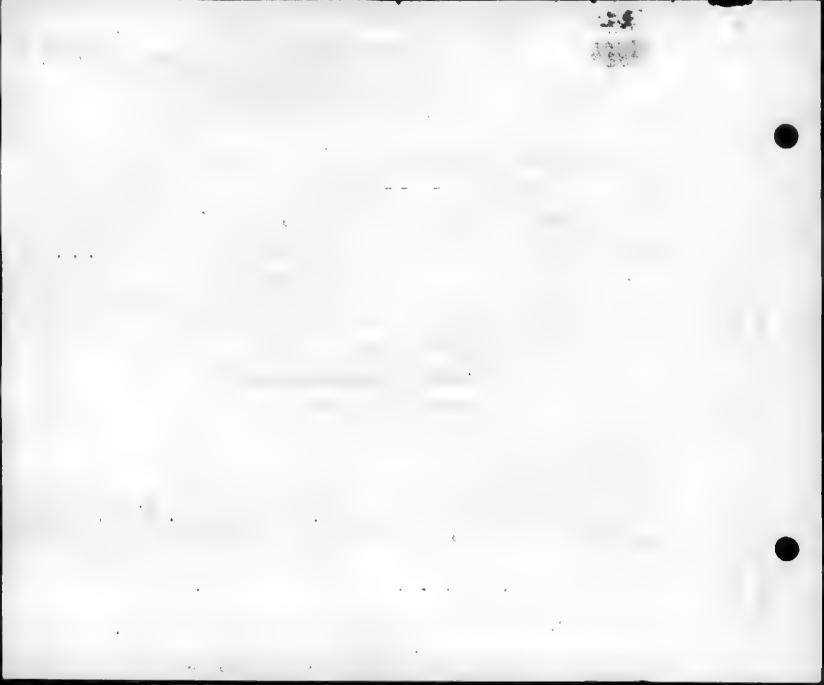


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01914			CERTIF	BAITIMORE d STREET ADDRESS 3114 BARCIAY STREET Lost A. DATE POTNDEXTER B DATE OF BIRTH MARCH 3, 1900 11 BIRTHPLACE (County & State, or fareign country) MONROE COUNTY, ALABAMA 14 MOTHER'S MADEN NAME MINERVA MAGTIE 17 INFORMANT VA HOSPITAL CLITNICAL RECORDS FORT HOWARD, MARYLAND EMA ESTION OF THE HEART OTIC HEART DISEASE ATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) CCURRED (Enter noture of injury in Part 1 or Part 11 of item 18) COUNTY) State, far, fareign 18 COUNTY) (State) CCURRED (Enter noture of injury in Part 1 or Part 11 of item 18)						
3	I. PLACE OF DEATH G. COUNTY BALTI b CITY OR TOWN (If or	utside corporate limits.	ć.	MARY LENGTH OF STAY II		d. STATE MARYL	AND	b. COU	NTY		
		TY OR TOWN (If outside corporate limits, order R. R.A.L. and any nearest town) RT HOWARD AME OF HOSPITAL OR INSTITUTION (If not in hospital, gi CTERANS ADMINISTRATION HO BE OF First EASED OF OF Print) 6. COLOR OR RACE 7 MARRIED JOHN NEGRO WIDOWED		1 DAY			E				<i>-</i>
		·					TAV QT	क्रास्था		ON	A FARM?
	3. NAME OF DECEASED	First	101/ 2103	Middle	207	Last	4. DATE OF	Man		Day	Year
	(Type or print) S. SEX 6.		7 MADDIED [7]	NEVER MARRIED							
	MALE			DIVORCED	브			last birthdoy)			
	10a LSUAL OCCUPATION (Gr during most of working life, LABOPER	ve kind of work done even if retired)	10b. KIND C INDUST	OF BUSINESS OR IRY		11 BIRTHPLACE (County	& State, or fo		COU	NTRY?	IT.
	13. FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME A	LABAMA		-B.B.	
2	JACK POINE	DE CHER				MINERV	A MAGT	TE			
	IS WAS DECEASED EVER IN (Yes, no, or unknown) (If y	U.S. ARMED FORCES?	ervice)	AL SECURITY NO 14 42 81						RYLAN	D
	IB CAUSE OF DEATH PART DEATH V	(Enter any ane cause VAS CAUSED BY IMMEDIATE CAUSE (a)	DITTM	(b), ond (c).) ONARY EDI	EMA						
	Canditians, if any, wh	use (a)	PASS	IVE CONG	esym(N OF THE HE	CART			MON	THS
2	stating the underlyin		A TOTAL	RIOSCLER	OTIC	HEART DISEA	SE			YEAL	RS
	PART II OTHER SIGNIE	CANT CONDITIONS CON	TRIBUTING TO DI	EATH BUT NOT REL	ATED TO T	HE TERMINAL D SEASE COM	NDITION GIVE	N IN PART I(o)		PERF	BETWEEN OD DEATH OF THIS RS ALTOPSY OR MED?
	200 ACCIDENT WAS UN OR CONTRIBUTING (IF (IF EITHER, NOTIFY MED	AUSE OF DEATH	205 DESCRIE	BE HOW INJURY O	CURRED (Enter nature of injury in	Part I ar Part	II of item 18)			
3	20c TIME OF INJURY Hour a.m.	19	While at wark	Y OCCURRED Nat While at wark	facto	ry, street, office bldg., etc.)				ty)	(Stote)
	saw the dece	that (1) (this haspi	tal) attended EB 22	the deceased 19 <u>67</u> , c	fram and that	death accurred at	(Home, farm, te bldg., etc.) 20f. (City or town) (County) (Stot te bldg., etc.) 1 , 19 67, ta FEB. 22 , 1907, that (1) (we will be stated all the block that the block th	l) (we) las ated above			
	22g SIGNATURE	Cher)	fun	ran_	M.D		MED. DIRECTOR	STAFF PHYS		e signed 23/67	
	22c. PHYSICIAN'S NAME (Type)	PETER V	JUVAN,	M. D.		VAH FORT	HOWAR	D, MARYI	AND		LAND ERVAL BETWEEN SIT AND DEATH MONTHS EARS WAS A TOPSY PERFORMED? ES MO (Stote) (Stote) (Stote) (Stote) (Stote)
0	23a BUR AL, CREMATION, REMOVAL (Specify) BURTAL	23b DATE THERE 2-27-	67		MORE	NATIONAL.		CATION (City or To	MD.	ounty)	
M	14 FUNERAL DIRECTOR	S. O de		DDEN FUNI	ERAL stmar	DATE T	MAR 3	AR 25b. R	GISTRAR'S SIG	NATURE New J	udge.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 showed the State Dept. If Health minor to burial, cremotion, or removal, and in say event, within 72 hours after death

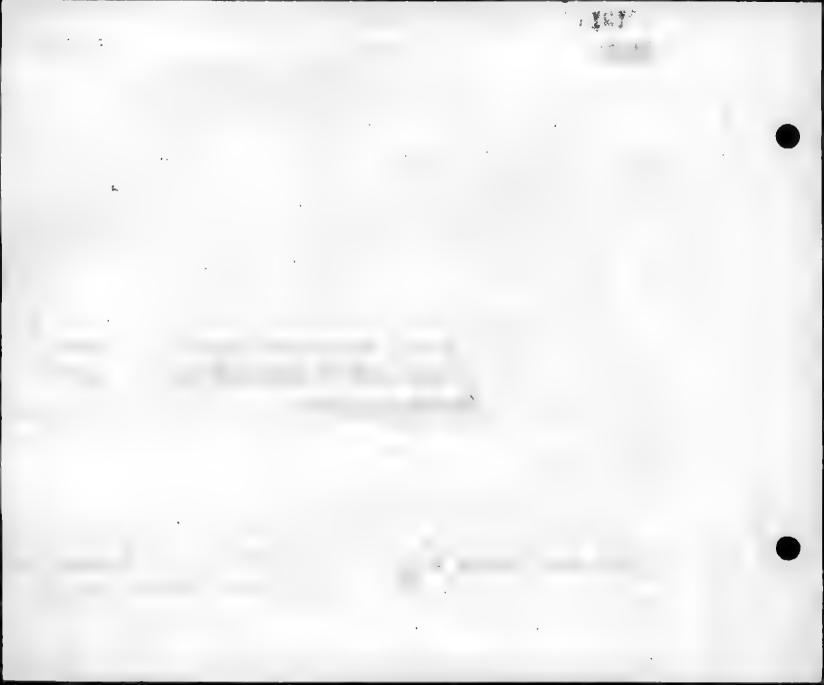
VR A15 (4)

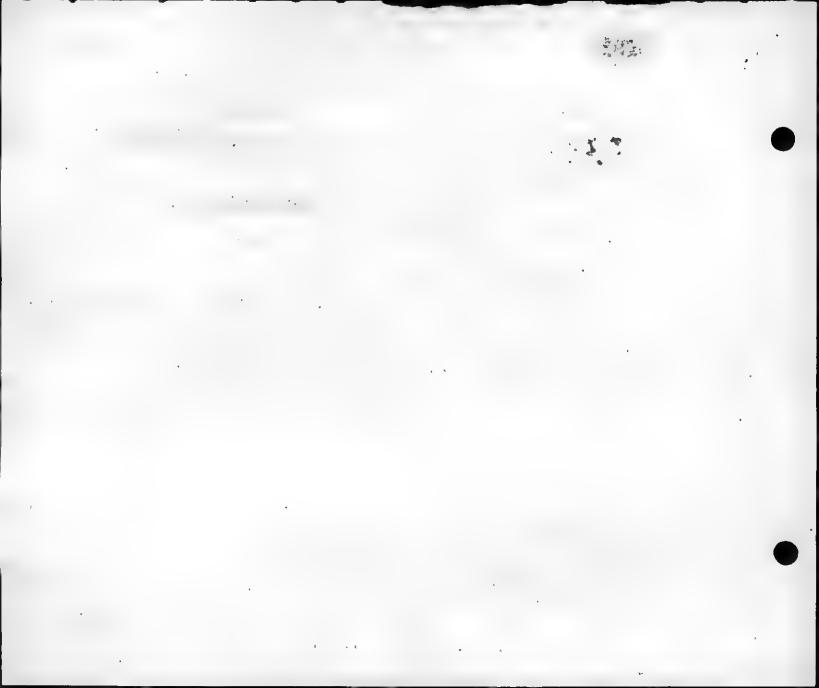


01911

ci . ***		01915	CERTIFICATE	OF DEATH	01911	
Pages I and aurs after death	1 F	PLACE OF DEATH			osed lived, if institution. Residence before admiss an	1 /
une l a er d	٥	COUNTY ACT TIMANA	MARYLAND	a. STATE	b. COUNTY	1
the lages s after	Ŀ	CITY OR TOWN (of autside corporate mits,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If auts de corpa	rate limits, write RURAL and give necrest town)	
n by the s. Pages haurs aft	1	write RURAL and give nearest town)	OWARS YEARS	Baltimor	0.	
in t irs. 2 ho	16	NAME OF HOSP TAL OR INSTITUTION (IF not in		d. STREET ADDRESS	e IS RESIDE ON A FAR	
ely filled in b ban papers. within 72 ha	a	and Womangow	Lous Hawe	1522 HOL		10
A THE STATE OF THE		NAME OF First	Middle	Lost 4. DATE	Month Day Year	
carban ent, wit		DECEASED Type ar print)	am Causeu	POLK DEATH	February 17 196	17
ve carb	5. 5	SEX 6. COLOR OR RACE 7. I	MARRIED NEVER MARRIED 8	DAIL OF BIDIT 27	9. AGE (In years FUNDER YEAR IF UNDER Jost Granday Months Days Haurs	4 HRS Min
and campletely repore carbar rony event, wi	1	Make W. W	HOOWED DIVORCED	1878	Auz Montale Dake Lugues	MIN
	10a	LSUAL OCCUPATION (Give kind of work done	10b. KIMD OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, or	areign country) 12. CITIZEN OF WHAT	
please , and I	auri	ng most of warking life, even if retired) LIV. OPERATOR	INDCZIKI	SUKRSVILL	-e md country's A	
physician nen please aval, and I	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
hen hen nava		Trusten tol	. K	Louise	Darsey	
anding physician nit. Then please or remaval, and	IS.	WAS DECEASED EVER IN U.S. ARMED FOR CES? s, no, or yinknown) (If yes give war ar dotes of sec		NFORMANT	Address	
attendi permit. Ian, ar r	(10:	VO VI yes give wal as doles of sex	020-07-4335	E.MEELSTRE	615 Chestrut	10e
	n	18. CAUSE OF DEATH (Enter only one cause pe		2.000	INTERVAL BETWO	
y th insi	Н	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _	acute my	starding Info	est 3duy	AIII
signed by the burial-transit burial, cremat		DUE TO	1 + · · (1)	- 11, 6/d		
urial-1 urial-1		Conditions, if ony, which gove isse to immediate cause (a),	antrivsom	ole Mark It	colore gens	
		stating the underlying couse DUE TO	D			
bee s th		lost) (c)_	moreus preus	uma		
ther this certificate has been be detached far use as the State Dept af Health priar ta	NO	PART II OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIV	YEN IN PART I(a) 19 WAS AUTOP PERFORME	
ficate for us	CERTIFICATION					0 M
inficat far if He	RTF	20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH	206 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Pe	ort II af item 18)	
thed pt o	AL CI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	T as I Indian of those I as she	T of HUMBY ALL	Manager of the second s	-1-1
this certi detached e Dept a	MEDICAL	20c TIME OF INJURY Month, Day, Year Hour a m.		CE OF INJURY (Hame, farm, 20f ary, street, affice bldg., etc.)	(City ar town) (County) (St	ate)
After be d State	2	p.m. 19	ot wark at work			2.1
O	Н	2! I certify that (I) (this hospita) attended the deceased from 1	an 70 , 1958,	to Feb. 17, 1967, that (I) (w M, from causes and on the date stated	
20 E E		sow the deceased alive on Feet	1907, dild filol	death occorred of 11 321	22b DATE SIGNED	проче
3 sl wii		MADL. One O & AL	and Day M.	ATTENDING MED. DIRECTOR	D STAFF February 8.15	917
Deli led		22c. PHYSICIAN'S	and of a	22d. ADDRESS	- Det - County of	UF
Be be	Н	NAME (Type) //ew/ANd	Edward DAY	4-8-3328	Ballimne Maylan	E
TO FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the	23a	BUR AL, EREMATION, 23b. DATE THEREOI	23c NAME OF CEMETERY OR	Tankar and Tankar Tankar Tankar Tankar Tankar Tankar Tankar Tankar Tankar Tankar Tankar Tankar Tankar Tankar T	OCATION (City or Town) (County) (Sto	te)
dire Sho		Burlal (penty) Feb. 21,			altimore, Maryland	
E X	24.	FUNERAL DIRECTOR	1050 Yark Road	2Sa. REC'D BY REGIS	IRAR 256. REGISTRARS SIGNATURE	
VR A15 (4) 20 M 1/66	Wr	n. Cook-Brooks Towson	· Towson, Maryland	21204 DATE ETS 2		*

executed mithin 24 haurs after death. 0 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital ar attending physician.





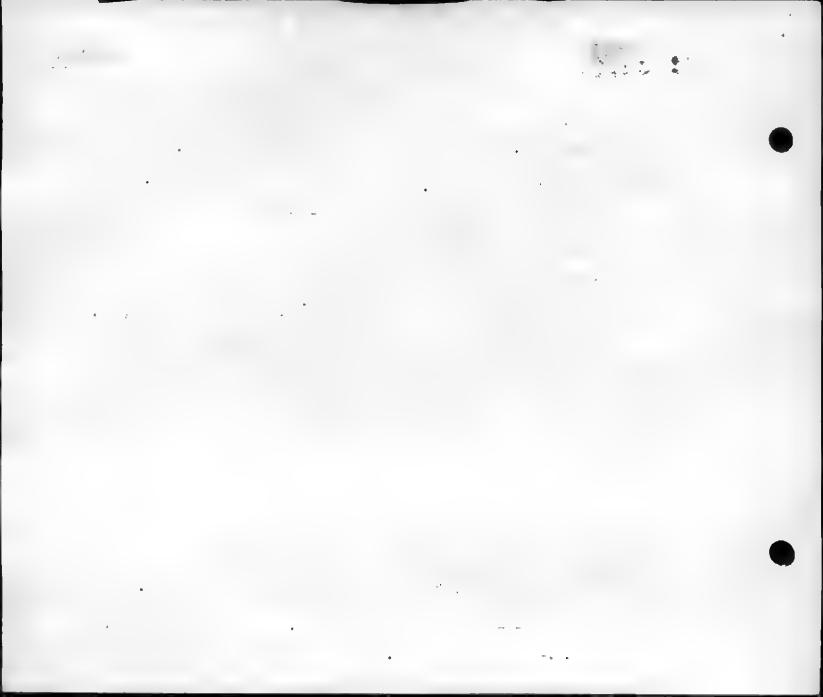
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0191	7		CERTIF	ICATE	OF	DEATH			0.1	913	
T	PLACE OF DEATH O COUNTY Baltimo	re		MAR	YLAND	2 USU a. S	AL RESIDENCE (N AJE Marylan	Where deceased		ian Residen NTY LMCTE	ice before admi	ssian)
	6 CITY OR TOWN (tf autside carparate limi d give nearest tawn)	its,	c LENGTH OF STAY	IN 1b	c CITY	OR TOWN (If ou Catensy:	itside corporate			e neorest town)
		at or institution (if it	iot in hospitai,	give street address)			et address 14 Over	brook I	Rd.			SIDENCE FARM? NO
	NAME OF DECEASED (Type or pnnt)	Anna	irst	Middle W		ske	Lost	4 DATE OF DEATH	Feb.	4	1	Year 67
S	F	6 COLOR OR RACE White	7 MARRIED WIDOWED	NEVER MARRIE	므ㅣ		0F BIRTH 20-90	-	AGE (In years last birthday) Yrs	Manths Manths	Days Haur	
dı	ring most of working Housewil			(IND OF BUSINESS OR NDUSTRY			THPLACE (County Mary]	and	gn country)	12 CI	TIZEN OF WHAT	
		Henry Knap	_					- Mar	y Klein			
1:	S WAS DECEASED EVE Yes, na, ar unknown)	R IN U.S. ARMED FORCES: (If yes give war or dotes	? 16 of service)	SOCIAL SECURITY NO.	17 IN	FORMA PS Box	Henry 41-Fork	Frei Road,	Addr Baldwi			
	REAL PART DEA	, which gave) le cause (o), (li.	(9), (b), and (c)) Liw &	Kent	le .	Carle	Wescu	elar k	dsea	JNTERVAL I ONSET AND	
CATION	PART II OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO TH	E TERM	NAL DISEASE CON	ND T ON GIVEN	IN PART 1(o)		19 WAS A PERFO YES	UTOPSY RMED? NO 🗜
CERTIFICATION		S JNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b D	ESCRIBE HOW INJURY O	CCURRED (E	nter no	ure of injury in	Part I ar Part I	l of stem 18)			
MEDICAL	20c TIME OF INJ Haur a i	URY Month, Day, Year m. 19	While				JRY (Hame, farm , affice bldg., etc.)		(City or lawn)	(Co	unty)	(State)
	saw the d	fy that (I) (this ha eceased alive an_		nded the deceased 4 1947,	fram and that	death	accurred at	9ta.				(we) la ted abov
	280 SIGNATURE		edei	uba	Ry J.	PHY:		MED DIRECTOR E	STAFF PHYS	22b D	ATE SIGNED	
	22. PHYSICIAN'S NAME (Type		Frederi	iek		220	ADDRESS 131	l Franc	is Ave.			
2:	BUR AL, CREMAT (REMOVAL (Specify Burial	23b DATE TO 2-8		23c NAME OF CEM Loudon	etery or cr Park		m.	Bal	illom (City or lo . timor e	, Md.	(Caunty)	(State)
)	24 FUNERAL DIRECTO Witzke	F.D4101	Edmond	ADDRESS ison Ave.			25a RECE	BY REGISTRAI	25b RI	EGIŞTRAR S	GNATURE	(a)

IO HOSPITAL OR ATTENDING PHYSICIAN: The low majures that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept of Health prior to burial, cremation, or removal, and the givent, within 72 hours after death. Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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pages I and 2 with the State Departmen any event within 72 haurs after death. permit file burial-transit ⊑ 0 and SD burial, crematian, or remayal, 3 shauld be 5 may be retained far yaur O FUNERAL DIRECTOR: Page be retained Health prior to

Page 4 shauld be farwarded to the Chief Medical Examines

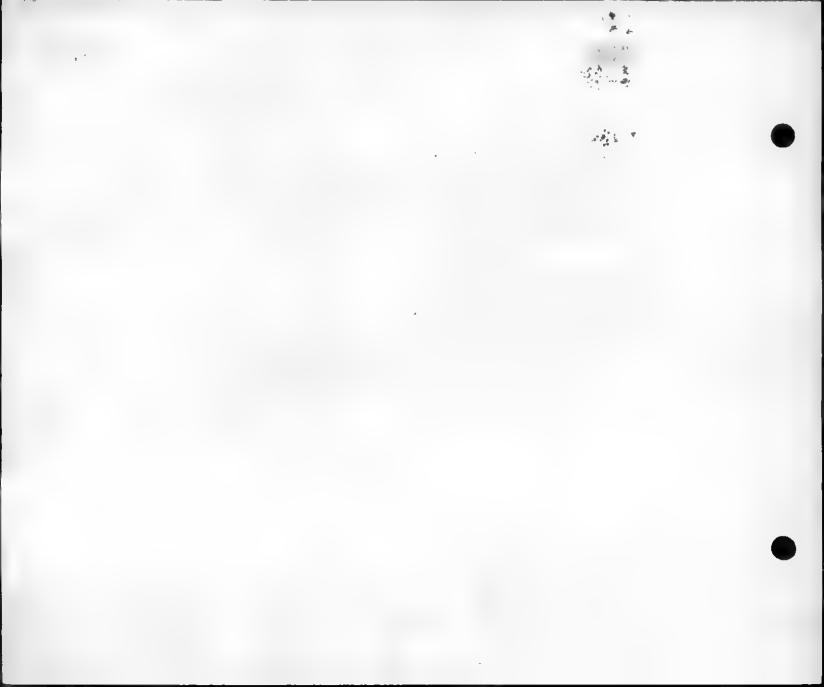
the funeral directar.

VR A15ME (5)

writing the ward

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institut or Residence before admission: o. COUNTY MARY, AND b CITY OR TOWN (If outside carporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURA, and give nearest tawn) write RURAL and give nearest town) d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) ESSEX e IS RES DENCE ON A FARM? d STREET ADDRESS WESTWA NO 4 WESTHUAY NAME OF Middle. Doy DECEASED OF DEATH 19 6 7 PULLIAM (Type or print) IF UNDER 1 YEAR S SEX AGE (In years F JNDER 24 HRS R DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRYS MARTIN 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME GORDON WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address (Yes, na, ar unknown) (If yes give war ar dates of service 223-16-7557 ABOVE UNK 18 CAUSE OF DEATH (Enter on y one cause per line for (a) (b), and (c) PART 1 DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DHE TO Conditions of any which gave) nse to immediate cause (a). DUE TO stating the underlying cause 19 WAY AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 20g EXTERNAL CAUSE WAS Knter nature of in ury in Part or Part II of item 18) 20b. DESCRIBE HOW INJURY OCCUPRED PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c TIME OF N. JRY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or town) (County) (State) Hour a.m. Nat While factory, street, affice bldg., etc.) at wark at wark 21 I certify that I took charge of the remains described above, held an Autopsy Inspect on 1 ond in my opinion deoth resulted from Notural couses Suicide 🗌 Homicide Undetermined monner CH EF MED CAL EXAMINER ASS STANT MEDICAL EXAMINER NAME (Type) NAME OF CEMETERY OR CREMATORY 23a. BUR AL CREMATION 23b DATE

FAITH OF 2Sp RECD BY REGISTRAR 24 FUNERAL DIRECTOR CONNELLY 300 MACE



funeral s 1 and 2 ter death. filled in by the fun-papers. Pages 1 or hin 72 haurs after d within 24 hinurs after filled pan letely 1 9 be executed campl remove ease physician ATTENDING PHYSICIAN: The law requies that the death certificate 703 end the transit þ signed l burial has been s be retained by the hospital or attending ₽ 0.5 certificate After TO FUNERAL DIRECTOR: 3 O HOSPITAL Page 4 may

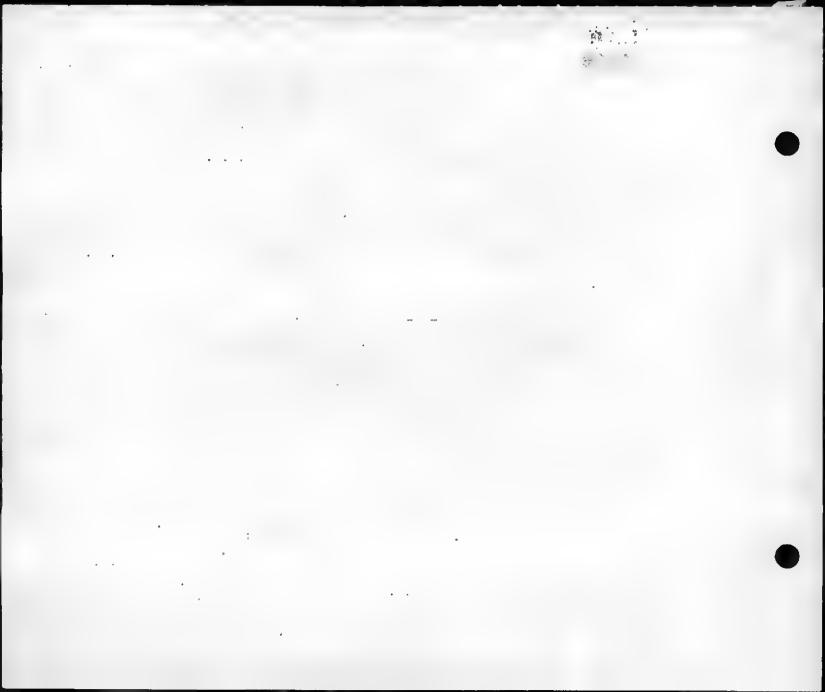
within 72 and in any event, emaval, cremation burial. prior to for use Health p this cerning detached to be de State l 3 shauld with the directar, page 3 should be filed v VR A15 (4)

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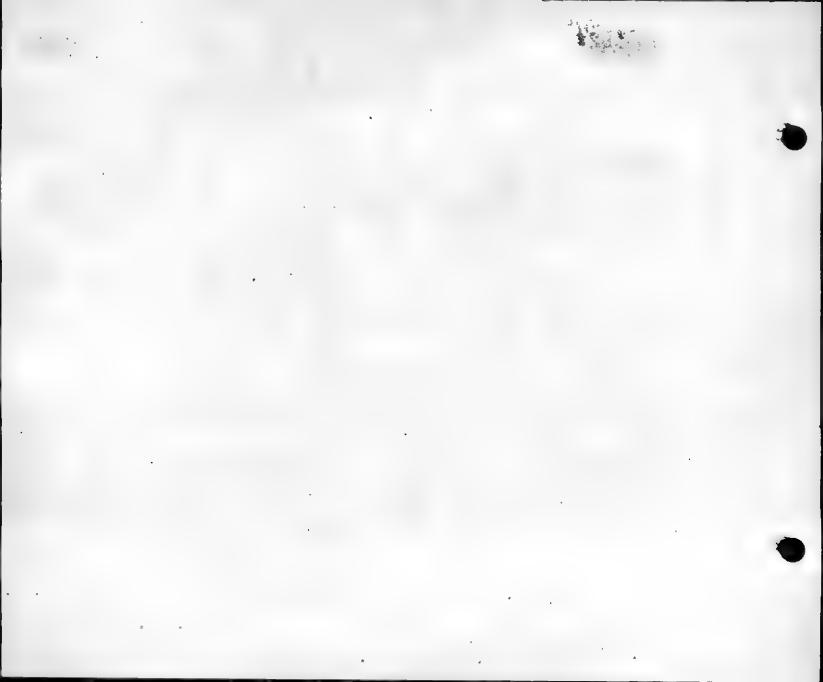
CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b COUNTY Anne Arundel J COUNTY Baltimore Maryland MARY, AND C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside comprate limits. c CITY OR TOWN (If gutside comparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Lyr9mthlldva Annapolis, Maryland Catonsville e IS RESIDENC d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? Box 122- R.F.D. #3 STATE HOSP TTAL SPRING GROVE YFS | NO L 4 DATE Middle Month 3 NAME OF Lost Doy Year F rst DECEASED 67 Purcell February John DEATH 19 (Type or print) IF UNDER 1 YEAR IF JNDER 24 HRS DATE OF BIRTH AGE [In yeors S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED b-rthdoy) Dovs Hours Min. 1877 white WIDOWED DIVORCED male the HSHAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT COUNTRY? during most of working life, even if retired)

construction worker INDUSTRY Treland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Johanna Mascal Simon Purcell 16. SOCIAL SECURITY NO 17 INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 186-03-8943 SPRI IG HOSPITAL Records: GROVE STATE INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH Arterios clero tic cardiovascular disease PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 11 XOX1 DUE TO Canditions, if ony, which gave Arteriosclerosis, generalized rise to immediate couse (a), DUE TO stating the underlying couse lost 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 20o ACC DENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20r TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour a.m. Not White foctory, street, office bldg., etc.) While of work of work 21. I certify that (X) (this haspital) attended the deceased from 1019 62 to 19.67, that (W (we) lost April 10 and that death accurred a :15 _M, fram causes and an the date stated above saw the deceased alive an. a . 22b DATE SIGNED 22n SIGNATURE 2-2-67 DIRECTOR 22d. ADDRESSPHING GROVE STATE HOSPILIAL 22c. PHYSICIAN'S Stella Wachsler, M.D. NAME (Type) Baltimore, Maryland 21228 (Stote) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) 23o BURIAL CREMATION. 23b DATE THEREOF 25o, REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR

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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	01920 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01916
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
that be and	BALTIMORE D. CITY OR TOWN (If Outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
lay is recessary 13 to the funeral Page 5 may be State Department ours after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town) DUI.DALK 27 YRS. DUNDALK 21222
Dep:	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
My age after are	1900 WASHINGTON ROAD 1900 WASHINGTON ROAD YES NOX
2, and PM3. PM3. PM3. PM3. PM3. PM3. PM3. PM3.	3. NAME OF DECEASED OF TIRST Middle Last OF OF OF OF OF OF OF OF OF OF OF OF OF
fir. If an form Plant Pl	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Isast birthday) Months Days Hours Min.
ages.	FEMALE CAUCASIAN WIDOWED DIVORCED 11/29/1908 58 yrs.
with with event	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA
24 hours after death. If n leen 18. Give Pages 1, Office along with form File pages 1 and 2 with and in any event within	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
24 hour Item 1 Office a File pa and in	GEORGE DEITZ EMMA J. AILSHIRE
1 24 in 14 i	(Yes, no, or unknown) (If yes give war or dates of service)
uted within 2 "in pencil in Examiner's 0 nsit permit. I	NO NONE JACK RABER (AS IN 2 ABOVE) 18. CAUSE OF DEATH [Enter only one cause persune for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause persune for (a), (b), and (c).]
in p in p Exam Exam sit p or r	PART I. DEATH WAS CAUSED BY: STRANGOLATION BY HANGING - ONSET AND DEATH
ld be executed "pending" in the pending pendin	Conditions, if any, which
pen pen Medi buria rema	gave rise to immediate cause (a), stating the DUE TO
ord ord thief is a l	underlying cause last. (c) WAS SUTERIORY
ficate sho the worn the Chi used as to burial	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO [7]
ng the distribution to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO [3] 20a. EXTERNAL CAUSE WAS PRIMARY 1.7 or CONTRIBUTING CAUSE OF DEATH. AND THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO [3] PERFORMED? YES NO [3] AND THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PERFORMED? YES NO [3] PERFORMED? YES NO [3] AND THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PERFORMED? YES NO [3] PERFORMED? YES NO [3] PROPERTOR CONTRIBUTION GIVEN IN PART 1 (a) PERFORMED? YES NO [3] PERFORMED? YES NO [4] YES NO [4] PERFORMED? YES NO [4] YES NO [4] PERFORMED? YES NO [4] YES NO [4] YES NO [4] PERFORMED? YES NO [4] YES
ls ce ardec ould t, pri	
EXAMINER. This certificate should be executed within certificate, writing the word "pending" in pencil i ould be forwarded to the Chief Medical Examiner's les. IR. Page 3 should be used as a burial-transit permit. Signated agent, prior to burial, cremation, or removal	tagory, street, office bldg., etc.)
L EXAMINE he certificate should be files. Fage for Page fesignated	21. I certify that I took charge of the remains described above, held an Autopey , Inspection X, Inquiry X and in my opinion
Col Examinate the certification of the certificatio	death resulted from: Natural causes, Accident, Suicide, Homlcide, Undetermined manner
S C Sur 4	ACTUAL ACTUAL CHIEF MEDICAL EXAMINER () 22. DATE SIGNED
TY MEDICA execute tr. Page 4 d for your RAL DIREC	SIGNATURE 2/16/67
O DEPUTY MED please execute director, Page retained for yo D FUNERAL DIR of Health or it	EXAMINER'S NAME (Type) METVIN B. DAVIS 233. BURIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State)
O DEPUT please e director, retained O FUNER of Healt	REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify)
	24. FUNERAL DIRECTR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
YR A15ME 3500 4-64	W. BROOKS BRADLEY, DUNDALK, MD. DATE FEB 17 1967 Cliantes Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

019	21	CERTIFICAT	E OF DEATH		01917
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, if institution: Resid	dence before odmission)
o. COUNTY Baltim	070	MARYLAND	Marylan	d. county	J
h CITY OF TOWN	flf outside cornerate limits	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside carparote limits, write RURAL ond	give neorest town)
Towson	and give nearest town)		,	re = 21224	20.4
	UTAL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS	16 = 21224	e IS RESIDENCE
		i iluspitui, give siteet oudress)		A1. 174 -1-2 . 1 4.	ON A FARM?
	seph Hospital			th Highland Avenue	
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Doy Year
(Type or print) K	athering	100 010	msauer	DEATHFebruary	4, 1967
S. SEX	6. COLOR OR RACE 7	. MARRIED 🔀 NEVER MARRIED 🔲	B. DATE OF BIRTH	9. AGE (In years IF UND lost birthday) Month	ER I YEAR IF UNDER 24 H
Female	White	WIDOWED DIVORCED	June 2 .19	005 61 Y'S	
Oo. USUAL OCCUPATI	ON (Give kind of work done ig life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	8 State, ar fareign country) 12.	CITIZEN OF WHAT COUNTRY?
juring mast at workir	a Work	At Home	Germany		U.S.A.
13. FATHER S NAME		TAM AMOUNT	14 MOTHER'S MAIDEN	NAME	
	Anton W	f4.3a	F	Bertha Welsinger	r
IS. WAS DECEASED E	CONTRACTOR OF THE PARTY OF THE	14 COCIAL CECUDITY NO. 17	INFORMANT		chester,N
(Yes, no, or unknown	(If yes give war ar dates of st	ervice)	and the trans	tz 8E Hillcres	t Cinala
	DEATH (Enter only one cause		GOT L. MOI	ON HILLICIES	INTERVAL BETWEEN
Conditions, if or rise to immedi stoting the un- last	deriving couse DUE TO	Arteriosclerosis, Portal cirrhosis	generalized		
PART II. OTHER		TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	VAS UNDERLYING □ IG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in	Part I ar Part 11 of item 18.)	
Haur Haur	p.m. 19	While Not While fo	ACE OF INJURY (Home, for ctory, street, office bldg, etc.)	(County) (Stote
21. I cer	tify that (15 (this haspu	tal) attended the deceased frams	anuary 22,	19 <u>67</u> , to February 4 1	9 <u>67</u> , that (<u>b</u> c (we)
saw the	deceased alive an Fe	bruary 4, 19 67, and th	at death accurred at		
22a. SIGNATUR	RE		ATTENDING -	MED STAFE	DATE SIGNED
8	mun 4.	Kurald	A.D. PHYS.	DIRECTOR PHYS. E Fe	bruary 4,196
22c. PHYSICIAI		pez, M. D.	22d ADDRESS 7620 Ye	ork Road, Towson 4	Md
23o. BURIAL, CREMA	TION. 23b DATE THERE	OF 23c. NAME OF CEMETERY OF		1 23d. LOCATION (City or Town)	(County) (State)
REMOVAL (Spec	1al 2-7	⇔67. Sacred He	art Cemter	y 4701 German	H111_RdN
24. FUNERAL DIRECT	W 1 274	ol S. Conkling S		D BY REGISTRAR 256 REGISTRAR	s SIGNATURE Juda

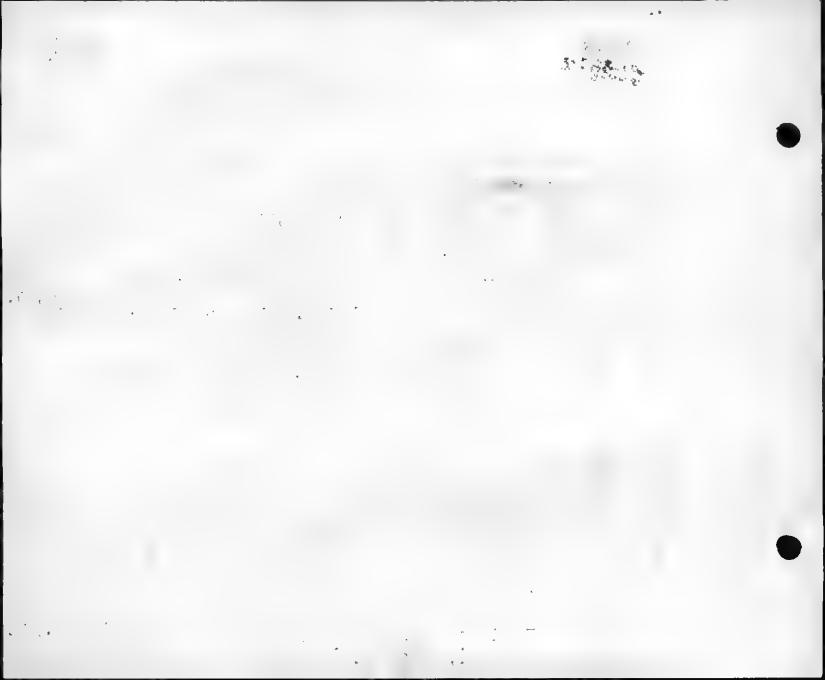
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages I and 2 should be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death

be executed within 24 haurs after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifieds.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01922 CERTIFICATE OF DEATH Coop is and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) b. COUNTY BALTIMORE o COUNTY BALITIMORE offer MARYLAND b CITY OR TOWN (If outside corporate limits, E LENGTH OF STAY IN 16 c. EITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest tawn)
FORT HOWARD haurs hours 126 DAYS BALTIMORE IS RES DENCE ON A FARM? ose remove corbon papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress) d STREET ADDRESS 71 WINTERS LANE VETERANS ADMINISTRATION HOSPITAL YES NO XO 3. NAME OF Middle DATE First Lost Month Day Year DECEASED OF FEBRUARY 14 67 .TAMES MAI.LIIW RANDALL 19 (Type or print) DEATH IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH **NEVER MARRIED** COM birthday) Dovs Hours 9/3/07 MALE NEGRO WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT U.S.A. during most of working life even if retired) INDUSTRY The law requires that the death certificate DELIVERY TRUCK CATONSVILLE, MARYLAND TRUCK DRIVER 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Minerva STEWART LIOYD RANDALL IS WAS DECEASED EVER NUS ARMED FORCES? 17. INFORMANT Address 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) 0 78 46 CLIN. RECORDS. VA HOSPITAL, FT HOWARD, MD YES INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) MONTAL DEATH PART I DEATH WAS CAUSED BY. UREMIA IMMEDIATE CAUSE (o) DUE TO ARTERIOLAR NEPHROSCLEROSIS MONTHS Conditions I any, which gove use to immediate cause (a). DUE TO s as the stoting the underlying couse WAS AUTOPSY PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) hos PERFORMED? HYPERTENSIVE CARDIOVASCULAR DISEASE. DIABETES MELLITIUS. NO ARTERIOSCIEROTIC HEART DISEASE
200 ACC DENT WAS UNDERLYING L. 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port Lor Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dr. TIME OF INJURY Month, Dov. Year 2Dd. INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (County) Hour a.m. factory, street, office bldg , etc.} After ot work of work 2/14/67 21. 1 certify that CS (this haspital) attended the deceased fram 10/11/66 . ta should DIRECTOR: 1 and that death accurred an old M, from causes and an the date stated above. saw the deceased alive an 22b DATE SIGNED 22o SIGNATURE DIRECTOR director, poge should be filed **ADDRESS** 22c PHYSICIÁN'S Poge 4 moy TO FUNERAL NAME (Type) GEORGE DUDAS. M. VAH FORT HOWARD, MARYLAND 230 BURIAL, (REMAT ON 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) BALTIMORE NATIONAL BALTIMORE MARYLAND

VR A15 (4) 25M 1/67

24. FUNERAL DIRECTOR

ADDRESS

250 REC'D BY REGISTRAR

25b REG STRAR'S SIGNATURE

Milanes NUTTER FUNERAL HOME 3035 W. North Ave. Baltimore,

E

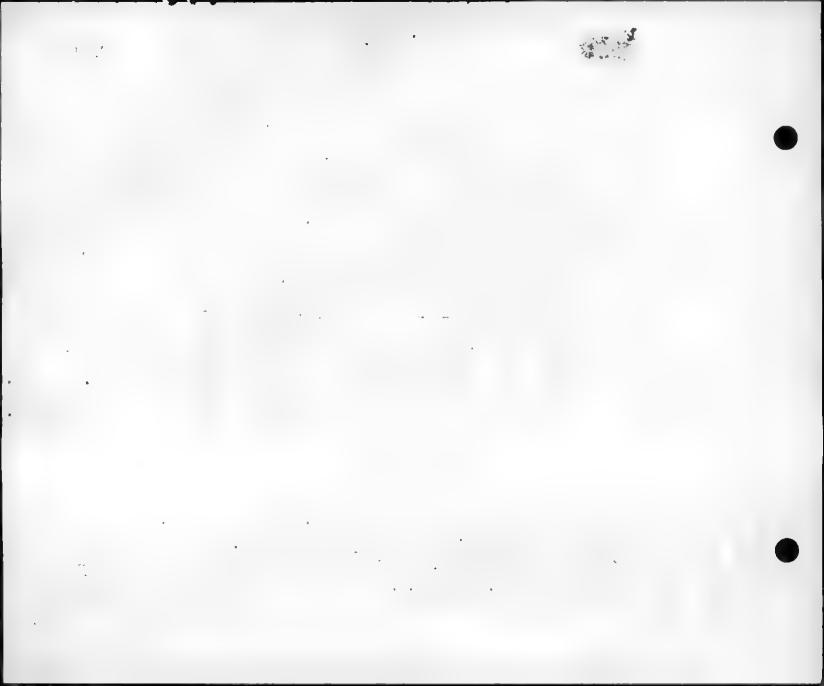
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 01923 funeral ond or death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY Maryland Cecil after (Baltimore MARYLAND y the f Pages b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate moits, write RURAL and give nearest town) popers. Pag hin 72 hours a write RURAL and give negrest town) 3mth Ldvs Elkton, Maryland Catonsville d NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) d STREET ADDRESS e IS RESIDENCE .⊆ ON A FARM? filled SPRING GRO VE STATE HOSPITAL YES NO pan 3 NAME OF First Middle 4 DATE Day DECEASED 67 Otis Reagan February DEATH 19 event, (Type ar print) remove cor 9 AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS S SEX 6. COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED jast birthday) Doys Hours Feb. 18, 1888 and in any WIDOWED DIVORCED male white 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 LSLAt OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) ician d lease TOUNTRY? during most of working life, even if retired) INDLSTRY Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Archibald Georgranna Blades IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) ((If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit., 5 214-18-2974 Records: SPR ING GROVE STATE HOSFITAL signed by the atter burial-transit perm burial, cremation, a INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) MYOCARDIAL INFARCTION DUE TO Canditians, if any, which gave CARDIOVASCULAR HEART DIS. rise to immediate cause (a), DUF TO stating the underlying couse prior to the () ARTERIOSCLEROSIS, GENERALIZED SO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? etached for use Dept. of Health Pulmonary emphysema and pulmonary fibrosis NO certificate 20o, ACC DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, farm 20d INJURY OCCURRED (City or fown) (State) 20c. TIME OF INJURY Month, Day Year (County) Hour o.m. factory, street, office bldg., etc.) Nat While at wark at work 19 67 that (A) (we) last 21. I certify that 21) (this haspital) attended the deceased fram. Oct. 18 1900 - ta. Feb. 2 Feb. 2 1967, and that death accurred at O FUNERAL DIRECTOR: saw the deceased alive an____ M. fram causes and an the date stated above. 22e. SIGNATURE 22b DATE SIGNED ATTENDING STAFF [X 2-2-67 director, page S should be filed 27d. ADDRESS O 22c. PHYSICIAN'S Anthony Young NAME (Type) Baltimore, Maryland 21228 23g BER AL CREMATION 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23b DATE THEREOF (Stote) REMOVAL (Specify) ST. Johns 0 UVVA 24 FUNERAL DIRECTOR **ADDRESS** 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

certificate be retained

Page 4 may b

20 M 1/664

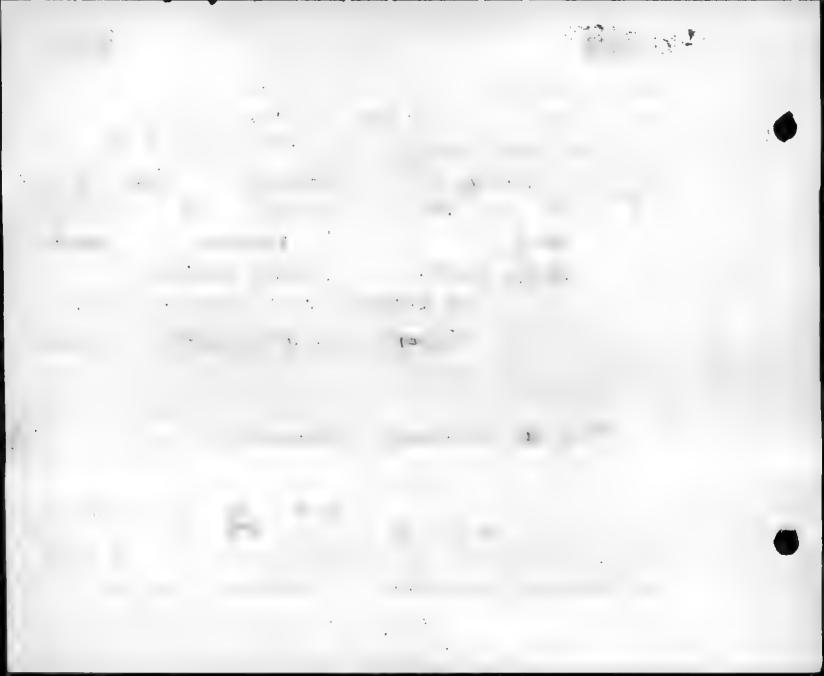


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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pursician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deafin.

	MARYLAND STATE DE DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICAT		ARYLAND
	PLACE OF DEATH a. COUNTY Baltimore County b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Mount Wilson /20 days	2. USUAL RESIDENCE (Where deceased lived, If institution: Rea. STATE b. COUNTY b. COUNTY c. CITY OR TOWN III outside corporate limits, write RURAL e.	-itu-
M	d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) ount Wilson State Hospital	d. STREET ADDRESS! 1143 N. Mount St.	e. IS RESIDENCE ON A FARM? YES NO Z
	NAME DE DECEASED (Type or print) SEX 6. CDLOR OR RACE WIDOWED DIVORCED DIVORCED	Red Mond DEATH 8. DATE of BIRTH 6-12-91 9. AGE (In years IFUNDER 1 years IFUND	Day Year 19 67 1 YEAR IF UNDER 24 HRS. Days Hours Min.
dur	i. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) INDUSTRY INDUSTRY	Virginia col	TIZEN OF WHAT UNTRY?
15.	FATHER'S NAME John Watty Was DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	14. MOTHER'S MAIDEN NAME, Mary Shelton INFORMANT Address	
(Ye	at no or unknown) [[[Suor nive war or dains of convices]]	ecords, Mt. Wilson State Hos	spital
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OC d./ DUE TO Conditions, If any, which gave rise to immediate cause (a), stoting the underlying cause last. (c)	ous Meningitis	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL.	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Tuber wlosis CURRED. (Enter nature of injury in Part I or Part II of Item 18)	19. WAS AUTOPSY PERFORMED? YES NO 3
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. While Not While fact at work at work	LACE OF INJURY (Home, farm, tory, street, office bidg., etc.) (Coun	nty) (State)
	222 SIGNATURE	at death occurred at pm, from the causes and on the phys. Director Phys. Director Phys. 22b. DA 22b. DA 22d. ADDRESS 2	that (I) (we) last the date stated above. The signed t
23a	BERNAYA (Specify) 2-6-67 ARABAS 10	Som. OK. ARbutuse Me	d
24	Store A. Kilon 1346 N. Callerin	DATE FT 3 1987	S SIGNATURE

VR A15 (4) 20M 1/65



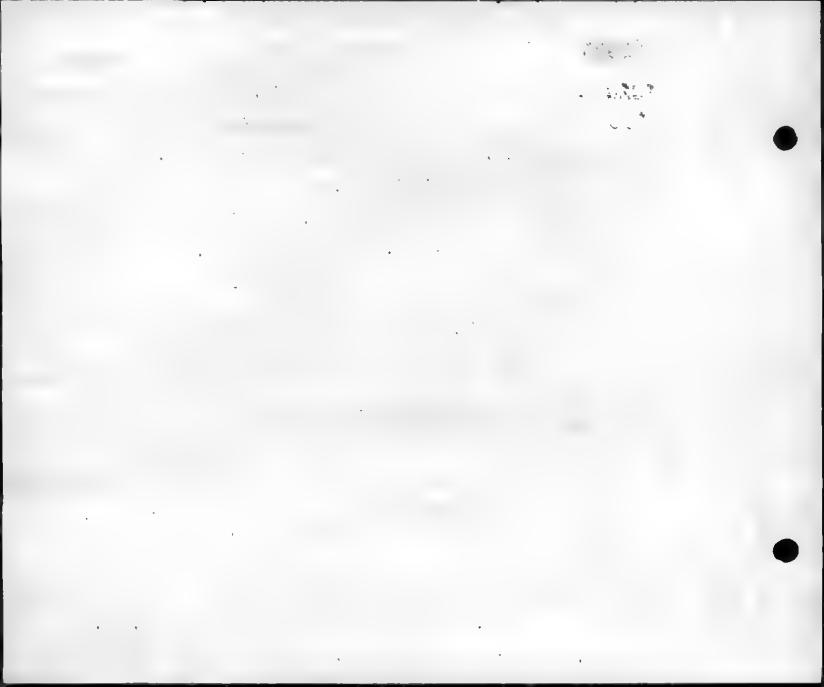
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01925	CERTIFICAT	E OF DEATH		01091
	PLACE OF DEATH		2 USUAL RESIDENCE (When		
	· COLNTY Baltimore	MARYLAND	a. STATE Md.	b cour	"Baltimore
	b CITY OR TOWN (f outside corporate lim verte RURAL and give negrest town)		c CITY OR TOWN (if autside	carparate limits, write RUF	RAL and give nearest tawn)
	(atonsville		Catonsvi	Ue	
	& NAME OF HOSPITAL OR INSTITUTION (IF		d STREET ADDRESS		e IS RESIDENCE ON A FARM?
	601 Edmondson A	ve.	601 Edmone	dson Ave.	YES NOXEX
	NAME OF C J	Frst Middle	tost 4.	DATE Mant	
	(Type or print) Cawa	*	eichelt	DEATH JEONU	
	SEX 6 COLOR OR RACE	7 MARRIED NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years	Manths Days Hours Min
	rale white	WIDOWED DIVORCED	Aug. 23, 1904) 0/ yrs	L 10 CIV 75N OF DWDAY
dur.	. USUAL OCCLPATION (Give kind of work don leg mast af working life, even if retired) PURNACE TENGER	Reining Co.	11 BIRTHPLACE (County & Sto		12. (IT ZEN OF WHAT COUNTRY?
_	FATHER'S NAME	THEITHING CO.	Baltimore	111a.	USH
13.	Arthur Reiche	14	M - WANDEN NAME		
15	WAS DECEASED EVER IN U.S. ARMED FORCES		Mary Vet	Addre	isc
(Ye	es, no prunknown) (If yes give war ar date:	of service)	rs Elsie Res		
	1B. CAUSE OF DEATH (Enter only one of		a case he	checi	Same Interval Between
	PART DEATH WAS CAUSED BY	O.Va. La (ONV)	Patrinoma	lolt ne	ONSET AND DEATH
	/ / IMMEDIATE CAUS	Drimary il	Mnown-)	. /
	Conditions, if any, which gave	(b)	,	and a	, 1 14mos.
	nse to immed ate couse (a), (stating the underlying couse (Paral O	Ida scia	2 (Probabl	4 level
	lost)	10 Cefebral e	frension	-C (1700m	(mig)
×	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CONDITI	ON GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
CATIC					YES NO
CERTIFICATION	20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part	I or Part II of item 18)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur o.m.		ACE OF INJURY (Home, form, story, street, affice bldg , etc.)	20f. (City or town)	(County) (State)
≥ .	p.m. 19	at work 🔲 at work		1	
	21. I certify that (i) (this ha	espital) ottended the deceased from_	t door occurred at 2	62, to 7-10-	, 19 <u>P</u> , that (I) (we) las and on the date stated above
	saw the deceased alive on	Typ, and me	il deumi occurred di 32	ne m, nom couses	22b. DATE SIGNED.
	Athur 1	kninski M	.D. PHYS. MED	ECTOR PHYS.	25 Feb 1967
	22c. PHYSICIAN'S	661111	22d. ADDRESS	D. L	1 /2
	NAME (Type) Arth	ur G, JIWINS	11 8 36	TAPR H	VI.
	BURIAL, CREMATION, 23b DATE T		CREMATORY	23d LOCATION (City or To-	
	o wo o c w c	8/67. Baltimore (emetery	Baltimore	-
24	FUNERAL DIRECTOR	ADDRESS A	25g REC'D BY		GISTRAR'S SIGNATURE
1 /	conand & Ruch	Inc Baltimore. Me	Z. MEERS	7 1967 14	- Carl March Than



MARYLAND STATE DEPARTMENT OF HEALTH ON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECO 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY b. COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete l.m.ls, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 write RURAL and give pearest lown)
Reister stown Peisterstown veer d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address. d. STREET ADDRESS . IS RESIDENCE ON A FARM? Highme adow Road Highmeadow Road YES NO TO 3. NAME OF Middle DATE DECEASED (Type or print) EDGAR DEATH February 1967 6. COLOR OR RACE 7, MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX 8 DATE OF BIRTH 75 9. AGE (In years | IF UNDER 1 YEAR | last birthday) Male Months White House Nov WIDOWED | DIYORCED | 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Self-Employed Baltimore. Interior Decorator Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles H. Reilly Anna Lee Jacobs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) | (Hyes give we ror detes of service) Mrs. Beulah M., Peilly Reisterstown Md 18. CAUSE OF DEATH |finter only one cause partine for (a), (b), ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Canditions, if geve rise lo immedieta cause DUE TO (a), stating the underlying causa last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)] 19, WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING | J OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIFI 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of in any in Pert I or Pert II of Item 18.) 20e PLACE OF INJURY (Home, farm, 20f, (City or town) 20d. INJURY OPCURRED 20c. TIME OF INJURY Month, Day, Yeer (County) (Stete) fectory, street, office bldg., etc.) L-Not While While Hour a.m. et wark at work 13.103 2). | certify that (I) (this hospital) attended the degeased from to. .., that (I) (we) last M, from the causes and on the date stated above. saw the deceased alive on. and that death occurred at .. . DATE 22a. SIGNATURE 22b. ATTENDING SIGNER MED DIRECTOR PHYS. PHYS. HOSPITAL leath, Page 4 FUNERAL 22c. PHYSICIAN'S 22d ADDRESS NAME (Tybe) AME OF CEMETERY OR CREMATORY. 23d. LOCATION (City, town or county) 234. BURIAY, CREMATION, 236. DATE REMOVAL (Specify) Park Cemeterk Woodlawn. 0 Maryland 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 PUNERAL DIRECTOR'S SIGNATUR VR A15 [4] MILLS. Md. DATE 1SM 7 62



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH ector, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o COUNTY Saltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) 70 Baltimore Life Baltimore d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS Rollingdale OR INSTITUT ON Mercy Villa, 6400 Bellona Avenue 330 Bloominodale puo 9 3. NAME OF DECEASED Middle First Last (Type or print) Mary E/1/1/zábátk DEATH E. Reiter 5 SEX 7. MARRIED TI NEVER MARRIED TO 8 DATE OF BIRTH 6 COLOR OR RACE DIVORCED [6/11/1883 WIDOWED [compl 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) pop during most of working life, even if retired) ₽ Maryland certificate be 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nicholas Reiter Mary Louise Kobhler physic 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMANT No O offendin 18 CAUSE OF DEATH [Enter only one couse per line for (ct); (b), and (c) PART ! DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO ģ Conditions, if ony, which permit gove rise to immediate DUE TO couse (a), stating the underlying couse lost. een CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY has 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 03 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d INJURY OF CURRED factory, street, office bldg., etc.) Hour o.m. While Not while p. m of work of work 21 I certify that (I) (this haspital) attended the deceased from. detach saw the aeceased alive an and that death accurred at 2 22o. SIGNATUR ATTENDING PHYS MED. DIRECTOR FUNERAL DIRE M.D. Board 22c PHYSICIAN 22d, ADDRESS NAME (Type TO HOSPITAL 2300 BURIAL, CREMATION, 23b. DATE JHEREOF 23c NAME OF CEMETERY OR CREMATORY 23d page . REMOVAL (Specify 0 250, REC'D BY REGISTRAR VR A1S (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

b COUNTY -Baltimore 21228 e IS RESIDENCE ON A FARM? YES NO 1 Month Yeor Day 2 10 1967 IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthdoy) Months Days Hours 83 yrs 12. CITIZEN OF WHAT COUNTRY? United States Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO X (County) (Stole) 'that (I) (we) last M, fram the causes and on the date stated above. 226. DATE SIGNED STAFF PHYS. town, or county 256 REGISTRAR'S SIGNATURE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH funeral and 2 death. ours after death. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. a. COUNTY b. COUNTY a. STATE ve carbon papers. Pages 1 event, within 72 hours after PALTO ALTO nd MARYLAND Pages c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b 3mo ARRISON filled in d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS XLEIGH RSING completely executed within Last DATE M on th NAME OF Middle DECEASED Henning 2-22-67 /Carl (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS SEX 6. COLOR OR RACE DATE OF BIRTH NEVER MARRIED last birthday) and and in any May 22.1 87 DIVORCED WIDDWED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please r dmith curtificate bu Then please removal, and it during most of working life, even if retired) INDUSTRY Home Builder Sweden 13. FATHER'S NAME MDTHER'S MAIDEN NAME Lars Renstrom Louisa unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address certificate has been signed by the attented for use as the burial-transit permit.

1. of Health prior to burial, cremation, or a (Yes, no, or unkown) (If yes give war or dates of service) 60 YORKWA no CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. PART 1. DEATH WAS CAUSED BY: Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) D FUNERAL DIRECTOR: After this certi director, page 3 should be detached f should be filed with the State Dept. of MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m 19 at work 1966 to 2-Athis hospital) attended the deceased from 21. I certify that (I) and that death occurred a Pie AM. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE MED. ATTENDING PHYS. STAFF M.D. DIRECTOR PHYS. **ADDRESS** PHYSICIAN'S 22d. NAME (Type 450 NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. 23d. REMOVAL (Specify) 2 SOUTHBORO. RURAT. CEMETERY 2 ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) M. Inc. Dundalk, Md. DATEFFR Brooks

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

YES

Months

Days

12. CITIZEN OF WHAT

COUNTRY?

Sweden

ON A FARM?

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS ALTOPSY

PERFORMED? NO T

(State)

(State)

YES [

(County)

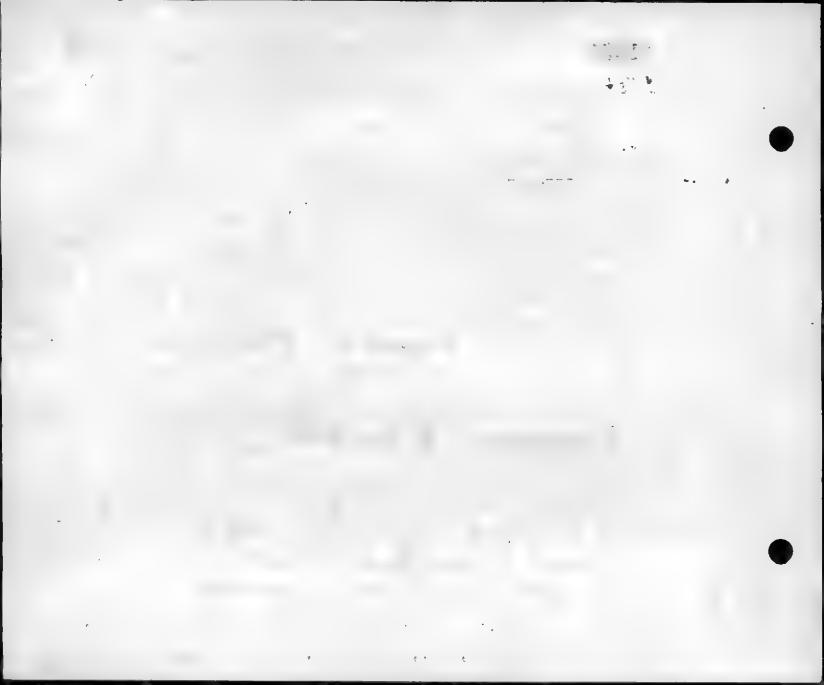
22b.

MASS.

DATE SIGNED

NO

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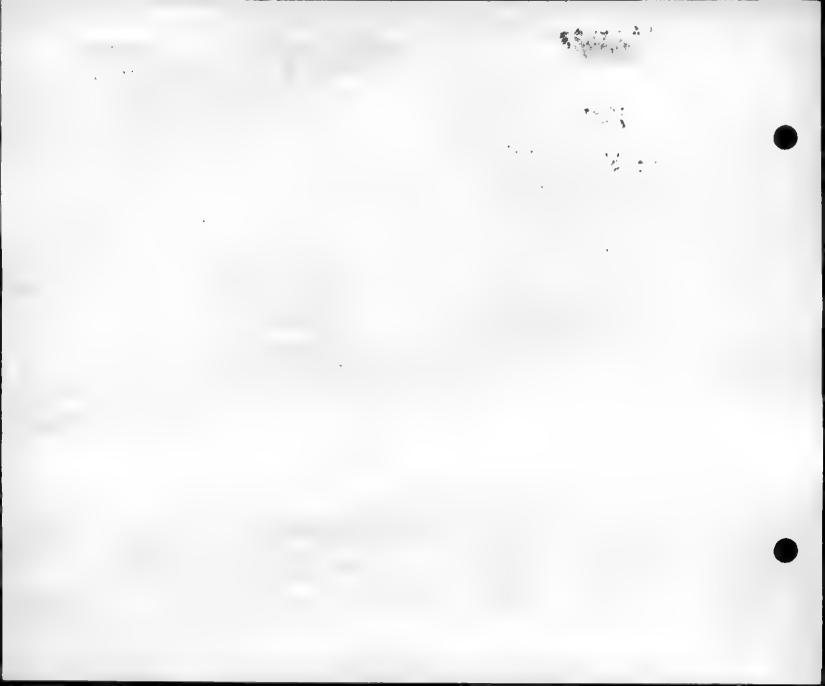
1 1 2 4	ľ	DIAIDIU OL STATISTICAE KESEN	ARCH AND RECORDS, 30	I W. FRESTON SIN	ELI, BALTISIONE, MARTEAN	D 21201
FOR STATE		01929 MED	ICAL EXAMINER'S	CERTIFICATE O	F DEATH	1925
HEALTH DEPT. 프유용 등록		PLACE OF DEATH of COUNTY	4	2 USUAL RESIDENCE (0 STATE	Where deceased lived, if nst tution: b COUNTY	Residence befare admission)
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2, and PM3. PM3.		fnc: Mills	15 ms.		S.C. p. p. d.	At 1
n, 2 m Dep		d NAME OF HOSPITAL OR INSTITUTION (i not a hospital, g	give street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
_ 2 p 9 5		Roseward State Hospit'l		1737 11	or hall St.	YES MO
drath by Page with f		NAME OF Frst DECEASED	Middle 701 3 m	Lost	4 DATE Month OF DEATH	Day Year
after di 8. Give alang w with the	_	(Type or print) 57 Total 7 MARRIED	*	B DATE OF BIRTH	9 AGE (In years F	UNDER 1 YEAR IF UNDER 24 HRS
° ∞ 0 ≥ >		11.7. Wilte WIDOWED	_	0/0/114	lest birthday) Ma	onths Days Hours Min.
haurs Item 1 Office I and 2 event		USUAL OCCUPATION (Give kind of work dane IDb King most of working life, even if retired)	ND OF BUSINESS OR DUSTRY	II BIRTHPLACE (State	4	12 CITIZEN OF WHAT COUNTRY? W.SA.
hin 24 nod in niner's pages in any		FATHER S NAME		Hagerstown.	D 1	NOA.
	-	m and a new master		14. MOTHER'S MAIDEN	40.4	c
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
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ste shamilly the world of ta the C a burial-tr		Conditions, if any, which gave (b) (b)	HOYA	27001	7	730000
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e, writing farwarded tarwarded as a used as a burial, cre	NON	PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO T	THE TERM NAL DISEASE CO	NDITION G VEN IN PART I(a)	19 WAS AUTOPSY PERFORMED?
the second	CERTIFICATION			(Enter nature of in usy in	Part ar_Part- aj item 18.1	YES NO
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MINER: the cert 4 shaule or files. e 3 shau gent, pr	MEDICAL		ULRY OCCURRED 20e P. A	CF OF INJURY (Home, form	n. 1 201 (C'ty or town)	(Caunty) (State)
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se e ector ned ned RECI		death resulted fram: Natural causes	I, Accident MI, Suic		EXAMINER	er
pleas pleas I dire retair DIRI		ACTUAL SIGNATURE 2.2. Eagle	v ·		CAL EXAMINER	22. DATE SIGNED
necessary. The funeral The funeral The funeral The funeral The funeral The funeral		EXAMINER'S	LES MIZ		AL EXAMINER (XX) t, city, fown, or county)	2-23-1
necessor the fun 5 may 10 FUNE Health	230	BURIAL CREMATION 23b DATE THEREOF	23c. NAME OF CEMETERY OR		23d LOCATION (City or Town)	(County) (State)
は、中では、		REMOVAL (Specify) 2-26-67	Rest Haven	Cemetery	Hagerstown	n, Md.
VR HITSME (SE		funeral Director	Hagerstown.		D BY REGISTRAR 256. REGISTI	RAR S SIGNATURE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o COUNTY BALTIMORE MARYLHND & COUNTY MARYLAND b CITY OR TOWN (f autside corporate firmits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate i m ts, write RJRAL and give nearest town) write RURAL and give nearest town) BALTIMOR 9 MONTHS CIREYSUILLE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? HAMPNETT SCNIC NO D 3 NAME OF Fist Middle 4 DATE Month Year DECEASED CHARDSON 19 67. MMA (Type or print) 5 SEX 9. AGE (n years F UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** b rindoy) Months WIDOWED DIVORCED IDO USUA, OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or Foreign country) COUNTRY? during most of working to, even if retired) INDUSTRY MARYLAND 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME BENNE SILEN - MMA 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) NTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per Jine PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Dale To Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the undertying couse last. 19 WAS AUTOPS)
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO CERTIFICAT 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) foctory, street, office blda., etc.) Hour o.m. While Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased from Auxiliary 4. 35 PM, from causes and an the date stated above , and that death occurred at saw the deceased alive any 220 SIGNATURE ---DATE SIGNED. ATTENDING DIRECTOR 22d ADDRESS/J 22c PHYSICIAN'S NAME (Type) **BUR AL. CREMATION** DATE THEREO 23c. NAME OF CEMETERY-OR CREMATORY 23d_LOCATION (City or Town (County) (Stote) REMOVAL (Specify) URIA 24 FUNERAL DIRECTOR 2So. REC'D BY, REGISTRAR

death. The law requires that the Teath certificate by executed within 24 haurs ofter death funeral s 1 and papers. Pages 1 nn 72 haurs after .⊑ and in any event, within 72 filled carban remaye ease physician remayal, attending permit. The Ы burial, crematian, signed by the burnal-transit p O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may bill retained lifty the haspital ar attending as the has been this certificate Þ detached director, page 3 shauld shauld be filed with the TO FUNERAL DIRECTOR:

VR A15 (4)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0700	54.		CERTIFICATE OF DEATH 01927							
1	PLACE OF DEATH D. COUNTY	ALTIMORE				2 USUAL RESIDENCE (d, if institution	TV.)
				MARY		MARI			BALLLIA		
	write RURAL on	if outside corporate imits digive nearest town)	,	LENGTH OF STAY IN	d1 M	c CITY OR TOWN (If or	itside corpatate fimi	ts, write RUR	At and give nea	rest town)	
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_		S ADMINISTR	ATION HO			1 BUTTER	SOL TWEE			YES N	0 🔨
3	NAME OF DECEASED	Fu		Middle		Lost	4. DATE OF	Month		oy Year	-
	(Type or print)	JOS	MPH .	Α.		IDDICK	DEATH		RUARY	16 19	67
5	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		DATE OF BIRTH	9 AGE	(In years birthday)	Months Dov		Min Min
	MALE	WHITE	WIDOWED 🔀] DIVORCED		4/13/92	74	Yrs		110013	PERMIT
100	USLA, OCCUPATION	(Give kind of work done	105 KIND	OF BUSINESS OR		11. BIRTHPLACE (County	& State or foreign co	ountry)	12 CITIZEN	OF WHAT	
EÏ	ECTRICIA	N LINEMAN	ELEC	TRIC_CO.		AHOSKIE, 1	NORTH CAF	OLINA	U.	S.A.	
13	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	L. B.	RIDDICK				URETTA 1	OUNN				
TS	WAS DECEASED EVI	R IN U.S. ARMED FORCES?		IAL SECURITY NO	17 IN	FORMANT		Addres	is		
1,	YES	WW T		14 06 08	CLI	N. RECORDS	VA HOSPI	TAL. F	AWOH TE	RD.MD.	
	1B. CAUSE OF D	EATH (Enter only one cou	se per ne for (a),	(b), ond (c))						INTERVAL BETW	
	PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE	(o) RECURF	RENT RHABI	DOMYC	SARCOMA OF	RIGHT TH	IIGH		ONSET AND DEA	HTA
		2.2	50								
	Conditions, if any rise to immedia	, which gove	(b) ADENOC	ARCINOMA	OF S	IGMOID COL					
	stoting the unde		PNEUMO	NIA BILA	TERAI	WITH META	STATIC NE	OPLASI	M		
	lost.)	(c)								
Z	PART H OTHER S	GNIFICANT CONDITIONS C	ONTRIBUTING TO E	DEATH BUT NOT RELA	ATED TO TH	IE TERMINAL D SEASE CO	øDITION G VEN IN P	ART T(o)		19 WAS AUTOP PERFORMED)?)?
Iğ										YES X N	0 🔲
ĮĔ	200 ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	206 DESCR	IBE HOW INJURY OC	CURRED (nter noture of injury in	Port Lar Part Laf	item 8.)			
18		MEDICAL EXAMINER)									
MEDICAL CERTIFICATION	20c. TIME OF INJ	JRY Month, Day, Year		RY OCCURRED		OF INJURY (Home, form		or town)	(County)	(St	tote)
¥		m. 19	While of work	Not While of work	10(10)	y, street, office bldg., etc					
ŀ	21. I certi	fy that 20) (this has	pitol) ottended	the deceosed	from_1	2/10/66 ,1	9, to2	7/16/6	7_, 19,	thot 不) (w	e) losi
	sow the d	eceosed olive on	2/16/67	19, o	and that	deoth occurred of	9:45AMMfro	n couses o	and on the d	ote stoted	above.
	220. SIGNATURE	1111	MY			ATTENDING	MED	STAFF .	22b. DATE SI		
	1	_ C3v 3	Malini	<u> </u>	M D	PHYS. L_J		PHYS. DC	2/16	/67	
1	22c. PHYSICIAMS		AC DEPAR	TOTOV M	D	22d ADDRESS	RT HOWARI	MARY	TAND.		
		GEOIGE C.									
23	 BURIAL, CREMATI REMOVAL (Specify 			23c. NAME OF CEME			23d LOCATION			rty) (Sto	te)
	URTAL.	2/10/		Bohemia			Ralti	more		TILDE	
	4. FUNERAL DIRECTO 3331 Bre	ehms Lane	SC	HIMUNEK	FUNER	RAL HOME	B 2 0 19		GISTRAR S SIGNAT	udal	
-						TAL HUME F	D 4 11 19	OF A	100	12 1	

DATE DORE, MARYLAND

TO MESMITAL OR ATTEMBING MHYSICIAN: The faw requires that the Beath certificate to execute within 21 haurs after death.

01021

The child í

EPARTMENT OF HEALTH

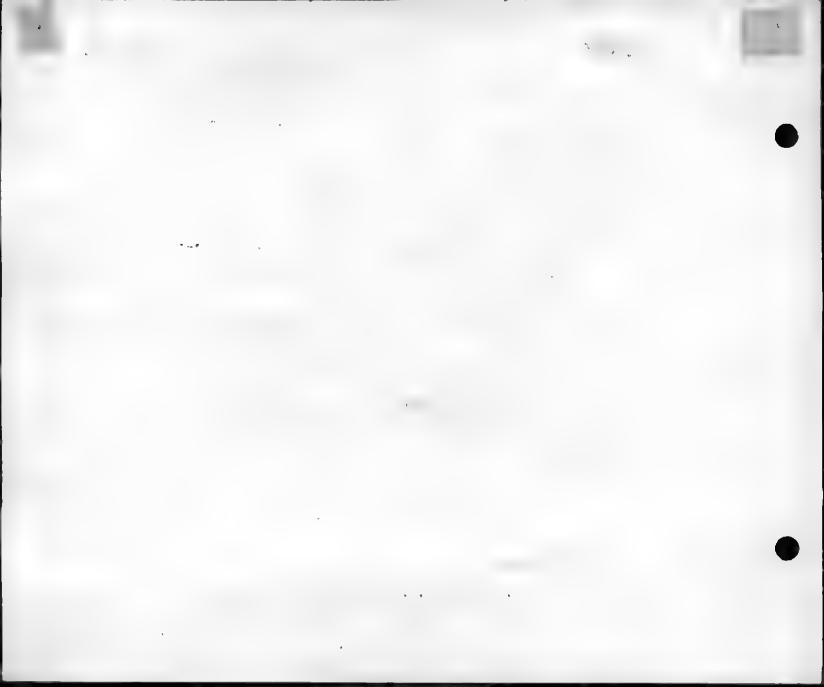
W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4 .				MAR	YLANI	D STATE	DE
\$ 1	•	Division	of STATISTICAL	RESEARCH	AND	RECORDS,	30
4	019	32			CE	RTIFICA	ATE

013	36		CEKTIFI	CATE	OF DEATH		0193	28			
1 PLACE OF DEAT	Н				2. USUAL RESIDENCE (V			dence before	e admissio	an)	
c. COUNTY	Baltimore		MARYL	AND	o. STATE Mary	vland	b COUNTY			U	
b CITY OR TOW	N (If auts de corporate limits,	c LEA	IGTH OF STAY IN	1b	c CITY OR TOWN (if au	tside carparate limits, v	rite RURAL and	give neorest	ve neorest tawn)		
Fort	ond give neorest town) Howard]	8 Days	l	Balt	imore		*			
d. NAME OF HO	SPITAL OR INSTITUTION (If not in I	nospital, give stre	et address)		d. STREET ADDRESS			•	e S RESIE	DENCE ARM2	
Veterar	s Administrati	on Hospi	tal		723 Ramsa	y Street				NO X	
3. NAME OF DECEASED	First		Middle		Lost	4 DATE	Month	Doy	Yeo	ar	
(Type or print)	WALTER	(N)		OI PROPERTY.	DICK	DEATH FIELD	BRUARY	17		67	
5 SEX				XX B	DATE OF BIRTH	9 AGE (In lost birth		DER 1 YEAR Days	Hours	Min	
Male	COTOLEGO"	IDOMED	DIVORCED		-/ -la/ -7	69	Yrs	617177			
	TON (Give kind of work dane inglide, even if retired) 2.27	106 KIND OF E INDUSTRY			11 BIRTHPLACE (County)	0	"	COUNTRY?			
		FE	actory		Providence 14. MOTHER'S MAIDEN N	le .	U.S.A.				
13. FATHER'S NAM					,						
IS WAS DECEASED	Walter Ridd: EVER IN U.S. ARMED FORCES?		SECURITY NO	1 17 16	EL1ZAK NFORMANT	eth Sandle	Address				
(Yes, na, ar unknow	n) (If yes give war ar dates of serv	icel									
Yes	WWII F DEATH (Enter only one cause pe		9-60-69	LLL	ical Record	LE, VAH, FT	Howar		ERVAL BET	CHIECH	
	DEATH WAS CAUSED BY.	1 / 1 /		r G Nin	EMBOLISM				TUTES		
11/	IMMEDIATE CAUSE (o) DUE TO	ACO.	LE FOIME	TARLET !	E EMPORTEDIA			- June	(Chthale		
Conditions, if	ony, which gove) (6)	CHRONI	C COR F	ULMO	NALE			2 3	2 YEARS		
rise to immediate cause (o), DUE TO											
las†									YEARS	Š	
PART IF OTHER	R SIGNIFICANT CONDITIONS CONTR.	BUTING TO DEAT	H BUT NOT RELAT	ED TO TI	HE TERMINAL DISEASE CON	DITION GIVEN IN PART	1(0)	19.	WAS AUTO PERFORM	OPSY SED2	
CATIO								YE		NO K	
	WAS UNDERLYING □ ING □ CAUSE OF DEATH	205. DESCRIBE I	HOW INJURY OCC	URRED (Enter nature of injury in I	Part I ar Part II of item	1B.)				
	IFY MEDICAL EXAMINER)										
20c TIME OF Hour	INJURY Month, Day, Year a.m.	20d INJURY O	CCURRED 2	Oe. PLAC	E OF IN:URY (Hame, farm ry, street, office bldg., etc.)	, 20f (City or F	own)	(County)	((State)	
	p.m. 19	at work 🔲	ot work		,, ,						
	rtify that XX (this haspital	attended th	e deceased fi	ram	an. 31 ,1	9 67, to Feb.	. 17 , 1	9 <u>67</u> , th	iat x (t) (t	we) last	
		D. T.	_19 <u>0(</u> , ar	nd that	death accurred at	7:40 Myrom C		. DATE SIGN		evodo t	
22a. SIGNATU	The base			M.D	ATTENDING	MED STA	FF more	2/18/			
22c. PHYSICIA	4. 00 TO			(VI.U	PHYS 22d ADDRESS	DIKECTOK - PHT	2. 652 3	2/10/	01		
NAME (T		ABARA. 1	M.D		VA HOSE	PTTAI. RORT	HOWARI	MAT	ZVI AN	ID	
23o B JRIAL, CREM	ATION, 235 DATE THEREOF		NAME OF CEMET	ERY OR C		23d LOCATION (CI		(Caunty)	(5	itate)	
REMOVAL (Spe Burial	(ify) 2/21/6	7 Bal	Ltimore	Nati	onal Cemete	· ·	,	,	,		
24. FUNERAL DIRE		and the same of th	_ ADDRESS		25a REC'D	BY REGISTRAR	MOTO REGISTRAR	S SIGNATOR	(LIC		
Charles A	Rice Fun. Hom	e late &	61 W. E	e. I	Jarvlan PATE		your	reas of	nogh	-	
				-	The state of the s						

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by we formed director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the sath certificate be executed within 24 saury after death Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

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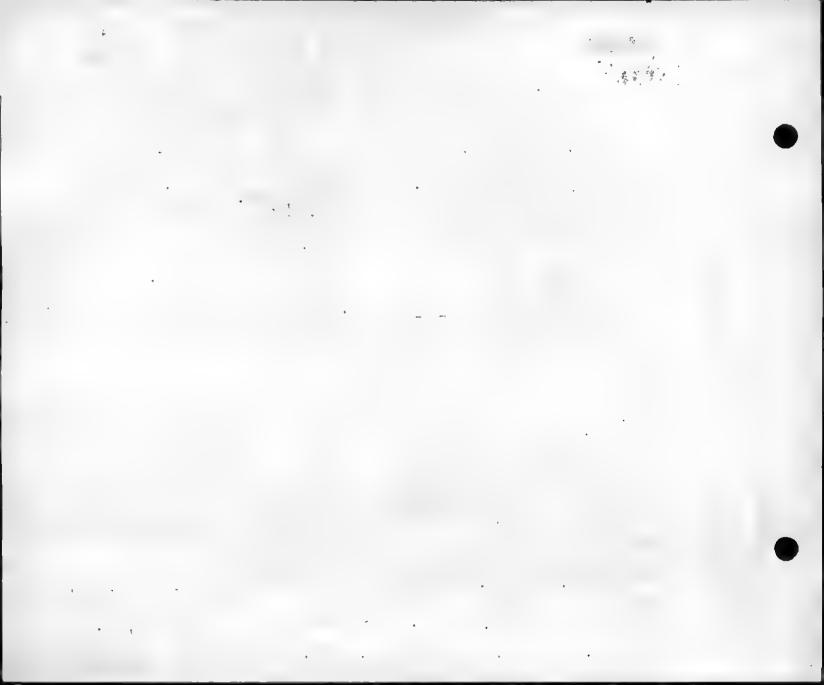


Division of STATISTICAL RES	SEARCH AND RECORDS 301	W, PRESTON STREET	F BALTIMORE, MARYLAN	ND 21201							
01333	CERTIFICATE	OF DEATH	n	1929							
PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (WH Mary Land	ere deceased lived, if institution b. County Balt.								
b (ITY OR TOWN (If outs de corporate l'mits, write RURAL and give neorest town) rural Baltimore	c LENGTH OF STAY IN 16	c CITY OR TOWN (If ours	de corporate limits, write RURAL More 21234	and give nearest town)							
d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 7507 Old Harford Rd		d STREET ADDRESS 7507 Old	Harford Rd.	e IS RESIDENCE ON A FARM? YES \(\sqrt{NO} \sqrt{S}							
3. NAME OF First DECEASED (Type or print) SARAH		ITMILLER	OF Feb. 20,								
s sex 6. co.or or race 7 marrs female white widows	ED DIVORCED	Feb. 2, 1027	MA THO YES.	FUNDER 1 YEAR 1F UNDER 24 HRS tonths Doys Hours Min							
during most of working life, even if retired) housewife	INDUSTRY	St. Louis,	Mo.	12 CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME Julian White		14. MÖTHER'S MAIDEN NA	Martha E.	?							
(Yes, no, or upknown) (If yes give wor or dates of service)		NFORMANT Francis Hay	es Ritmiller-7	507 Old Harford							
OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. ym, 19 otv	DESCRIBE HOW INJURY OCCURRED H INJURY OCCURRED OTHER HOR WORK ON THE PLANT OF THE	THE TERMINAL DISEASE COME (Enter noture of injury in Po CE OF INJURY (Home, form, ony, wheet office bldg, etc.)	THOM GIVEN IN PART 1(a) The Menute at I or Port II of item 18) 20f (City or town)	19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote)							
224 SIGNATURE 1. 14 COOL 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	222 SIGNATURE M.D. ATTENDING DIRECTOR STAFF 22b DATE SIGNED PHYS. DIRECTOR DIRECTO										
230 BURIAL (REMATION, 23b DATE THEREOF REMOVAL (Specify) 2/23/67.	23c NAME OF CEMETERY OR Mt. Olivet (CREMATORY	23d LOCATION (City or Town) Baltimore	(County) (Stote)							
24 FUNERAL DIRECTOR Leonard J. Ruck, Inc530	ADDRESS OS Harford Rd.,B			TRAR'S SIGNATURE							

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then playe remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, ar removed, and in any event, within 72 hours after death

VR A15 (4) 20 M 1/66

TO NOTIFIAL OR ATTINUMS PRYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital or attending physician.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

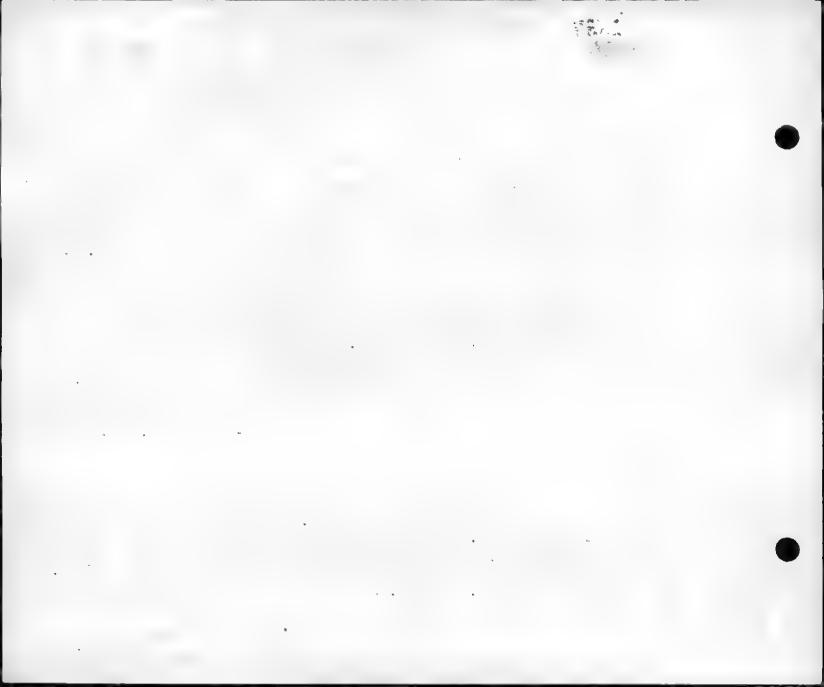
U	127#			CERTIF	ICATE	OF DEATH		0198	3 9	
I. PLACE O	TV	Baltimore		MAR	YLAND	DIATE OF STATE	Where deceosed lived, if institution b. co	tution: Residence	e before odmission)	
b. CITY (OR TOWN (IF RURAL opd ONSV1.	outside corporate limit give neorest town)	5,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If our Baltimo	tside corporote limits, write li		neorest town)	
d. NAME	OF HOSPITA	L OR INSTITUTION (If n	ot in hospitol, g	ive street address)		d. STREET ADDRESS		*1.0	e. IS RESIDENCE ON A FARM?	
SPR	ING C	ROVE STAT	TE HO	SPITAL		725 West	Barre : Stree	et	YES NO	
3 NAME O DECEASE (Type or	ED		rtha	Middle	Ro	lost binson	O.E.	onth Cuary	Day Year 1 19 67	
s. sex	2] 0	6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MARRIEI		Feb. 11. 1	9. AGE (In years lost birthday)	Months	YEAR IF UNDER 24 HRS. Days Hours M.n.	
100 USUAL	OCCUPATION	(Give kind of work done te, even if retired)	10b. KI	ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County	& Stote, or foreign country)	12. CITI	IZEN OF WHAT UNTRY? U. S.	
13. FATHER	S NAME		1			14. MOTHER'S MAIDEN			<u> </u>	
1S. WAS DE (Yes, no, or	ECEASED EVER unknown) (IN U.S. ARMED FORCES? If yes give wor or dotes (SOCIAL SECURITY NO		NFORMANT cords: SPR		dress	HOSPITAL	
P	PART I DEATH	ATH (Enter only one col I WAS CAUSED BY- IMMEDIATE CAUSE	Pulmo			massive, ac			INTERVAL BETWEEN ONSET, AND DEATH ACULO	
Conditi		which gove	(b) Deep	vein thr	ombos	sis, left le	g		2 weeks	
stoting lost.	· · · · · · · · · · · · · · · · · · ·								2	
NOT NOT	RART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISFASE COND TION GIVEN IN PART (10) Non-functioning left kidney - Cirrhosis (Laennecs) - Alcoholism, chr.									
CIE FITH		UNDERLYING INCAUSE OF DEATH NEDICAL EXAMINER)	205 DES	SCRIBE HOW INJURY O	CCURRED.	Enter noture of injury in	Port I or Port II of item IB.)			
WEDICAL	IME OF INJUI Hour o.m p.m	10	20d IN While of work	IJURY OCCURRED Not While ot work		CE OF INJURY (Home, form ory, street, office bldg., etc.)		(Cou	onty) (Stote)	
		y that (t) (this has	, ,	ied the deceosed	from and the	Jan. 21, 1 death occurred a	9.67 to Feb. M, from couse	1, 19 <u>6</u> es o nd on th	7, that d) (we) lose dote stated above	
	SIGNATURE	Miling	>////	tring f	/ZMJ	ATTENDING PHYS	MED. STAFF DIRECTOR PHYS	D 2-	ATE SIGNED -2-67	
	PHYSICIAN'S NAME (Type)	Antho	ny J. ¥	oung, M.D		22d. ADDRESS SF Ba		STATE yland 2	HOSPITAL	
	L, CREMATION VAL (Specify) 1 P 1 & 1		6,196	23c. NAME OF CEM			Baltimore	•	(County) (Stote)	
	AL DIRECTOR		W. Ba	ADDRESS THE XII			BY REGISTRAR 2Sb.	REGISTRAR'S SI	GNATURE Las Judge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prescip and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then places remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs after deaths.

VR A15 (4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 heurs after death.

Page 4 may be retained by the haspital or attending physician.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO MESFITAL OR ATTEMPING PRYFICENE THE law remaines that the Death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND O1935 CERTIFICATE OF DEATH 01931

1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Baltimore MARYLAND	a. STATE Mar land b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give, nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Lutherville	Lutherville
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
1717 Kurtz Hvenue	1717 Kurtz Ivenue VES NO N
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) (harles illiam Ro	oche DEATH February 10, 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. ACE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min
Male White WIDOWED DIVORCED	Jecember 8. 1908 58 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JUDERVISOR JUDERVISOR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT GUINTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles i arnell Roche	Lula : Hetrick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFDRMANT Address
No None	Family records
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	The state of the s
Conditions If any which I	was the will it was
gave rise to Immediate	wearing mergany
cause (a), stating the DUE TO	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
TIVE CONTINUE PERFORMED?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part 1 or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto at work at work at work at work	ry, street, officebldg., etc.)
21. certify that (i) (this hospital) pattended the deceased from	opt 7 , 1966 to 100 , 1967, that (1) swe) last
	death occurred at 7.35 M, from the causes and on the date stated above.
22a. SICNATURE	22b. DATE SIGNED
Learaci Gilmuno M.D.	ATTENDING STAFF PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type)	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial (Specify) Feb. 13, 1967 Traspect Hil	Cemetery Towson inruland
24. FUNERAL DIRECTOR ADDRESS	25a: REC'D BY RECISTRAR 25b. RECISTRAR'S SIGNATURE
John Burns' Sons, Towson, Maruland	DATE FEB 1 5 1967 Colonela Ountet
· ·	TONIE TED 10 1951 -



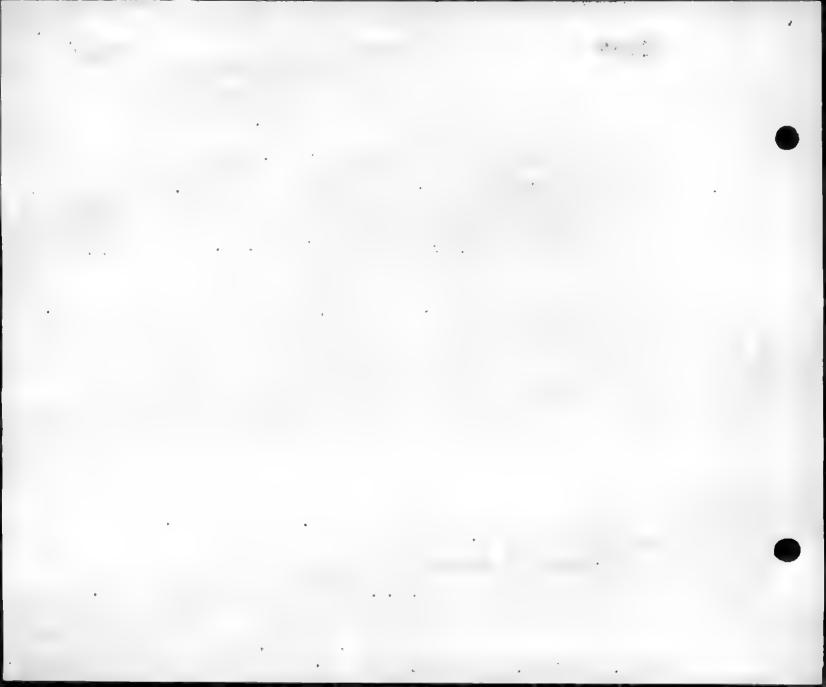
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01020

	OT990			CERTIFICATE	UF DEATH		019:	32 .	
	PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, if institution	n Residence	before odmission)	
		timore		MARYLAND	o. STATE Mai	ryland b. COUNT			
١	b. CITY OR TOWN (II	autside corporate limit	is,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If o	utside corporate limits, write RURA	AL and give no	eorest town)	
		give neorest town) Howard		13 days	Baltin	nore			
(L OR INSTITUTION (Fr			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?	
	Veter	ans Admini	stratio	n Hospital	3526 E.	Fayette Street		YES NO	
	NAME OF	F	irst	Middle	Lost	4. DATE Month		Day Year	
į	DECEASED (Type or print)	ALBE	RT	DWYER	ROCKS	DEATH Feb. 22		19 67	
S. 5	SEX	6. COLOR OR RACE	7. MARRIED	han tall and tall and the same of the same	B. DATE OF BIRTH	9. AGE (In years flast birthdoy)	Months D	EAR IF UNDER 24 HR oys Hours Min	
	Male	White	WIDOWED		2/26/02	4131	, non in	U) IIIU	
0o Juri	USUAL OCCUPATION ing most of working I	(G ve kind af wark dane le, even if retired)		ND OF BUSINESS OR CWERY Industry		y & State, or foreign country) Md.	12. CITIZE COUNT U.S	N OF WHAT TRY?	
	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
	John R	neks			Maggie	Dwyer			
15.	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address								
(Ye	Yes	If yes give war octates	of service) 21	.8 03 84 99 C1	in. Reds, \	/A Hospital, Ft	Howar	d, Md.	
			(o) CAI	(a), (b), and (d).) RCINOMA OF LUNC QUAMOUS CELL CA				INTERVAL BETWEEN ONSEL AND DEATH	
	rise to immediate stating the under last.	couse (o),	(b) (S) TO (c)	JOANGOO OBIII O	ALO LIVELINI				
ATION	PART II OTHER SIG	INIFICANT CONDITIONS		O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES NO	
L CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	205. DE:	SCRIBE HOW INJURY OCCURRED. (Enter nature of injury in	Part I or Part II of item 18.)			
MEDICAL	20c. TIME OF INJU Hour c.m p.m	10	20d. IN While at wark		E OF INJURY (Home, formary, street, office bldg., etc.)	(County		
	saw the de	y that (X) (this ha ceased alive an_	spital) attend	ded the deceased fram	Feb. 9 , death accurred at	19 <u>67</u> , ta <u>Feb. 22</u> t <u>8:30 M</u> , fram causes o	, 19 <u>67</u> and an the	, that (其 (we) li date stated aba	
		rmelita A	Cens	Varia M.D	1 11144	MED. STAFF DIRECTOR PHYS.	22b. DATE	SIGNED - 22-67	
	22c PHYSICIAN'S NAME (Type)			NDANA, M.D.		tal, Fort Howar			
23a	BURIAL, CREMATIO REMOVAL (Specify) BUTIAL	N, 23b. DATE TH	167	23c. NAME OF CEMETERY OR C Baltimore Nat	cional	23d. LOCATION (Gity or Tow Baltimore	, Mary		
24	. FUNERAL DIRECTOR			ADDRESS 3000 E	. Balto25St	D BY REGISTRAR 2Sb. REG	GISTRAR'S SIGN		
-	OIDI A 366	TAN TANC		Baltimore.	Md DATE F	EB 24 1967 &	Cleary	En Judge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ofd completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in dry event, within 72 haurs after death.

VR A15 (4) 1_ 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 heurs after Weath. Page 4 may be retained by the haspital ar attending physician.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) b CITY OR TOWN (If putside corporate limits, C LENGTH OF STAY IN 16 write RURAL and give nearest town) Baltimore d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Overbrook Road Overbrook Road YES NO 3 NAME OF Month OF DEATH DECEASED Februaru 18. Francis Weeph AGE (In years 6 COLOR OR RACE 8 DATE OF BIRTH last birthday) DIVORCED WIDOWED 11 BIRTHPLACE (County & State, or foreign country) 12 C TIZEN OF WHAT IDo IISHA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? during most of work no life even fretired)
Retail (Lothing) INDUSTRY Baltimore, Maryland Mary Powers Charles Russell 16. SOCIAL SECURITY NO 17. INFORMANT (Yes no or unknown) (If yes give war or dotes of service) atherine S. Russell 908 Overbrook Rd. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (a), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20o. ACCIDENT WAS UNDERLYING [...] 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While at work at work 21. I certify that (I) (this hospital) attended the deseased from 2, and that death occurred of 9 M. from causes and an the dote stated above saw the deceased olive on. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M.D. PHYS. 22d. ADDRESS 6701 York Road 22c PHYSICIAN'S harles H. Reier NAME (Type) 23d LOCATION (City of Town) 230 BURFAL CREMATION 23c NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Baltimore, Maryland (athedral (emetery) 25b REGISTRAR'S SIGNATUR

John A. Monan Inc. 3000 E. Baltimore St.

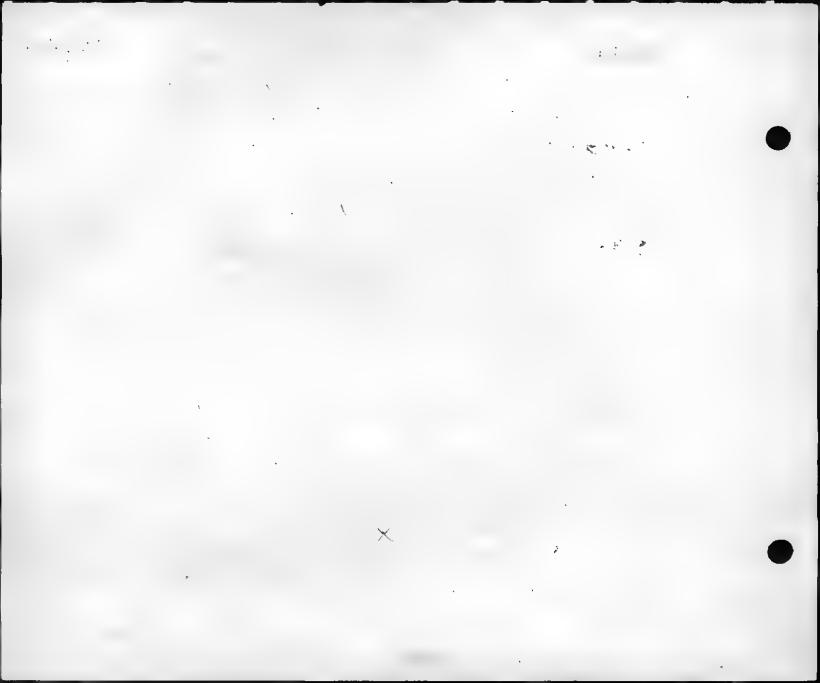
PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth campletely filled in by the fur ove carbon, papers. Poges 1 y event, within 772 hours after remove and burial, cremotion, or removal, burial-tronsit signed by be retained by the hospitol or ottending O FUNERAL DIRECTOR: After this certificate has been director, VR A15 (4) 20 M 1/66



VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	01024
-		23c.23d Kilo 6366 2/27/67	01954
1.	PLACE OF DEATH a. COUNTY 4	2. USVAL RESIDENCE (Where deceased I'ved I finishfullon: R. a. STATE MAR A LY / GN COUNTY /3)	
	MARYLAND MARYLAND	MARYIAND	961 mice
	b. CITY DR TOWN (If outside corporate limits, write RURAL end give, nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	end give neerest town)
	MALTO-RURAL.	BALTIMON - Rural_	. 1
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE DN A FARM?
	# (M) ct (+	4 Concel- Ct	YES ND N
3.	NAME OF A FIrst , Middle	Last 4. DATE Month	Day Year
	Type or print AMES William SAm	nuels DEATH Lebrusty	13 1967
5.2	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years of UNDER last birthday) Months	
	1442 WILLIE WIDOWED DIVORCED		Days Hours Min.
10	a. USUAL OCCUPATION (GIVe kind of work done) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CI	TIZEN OF WHAT
du	ring most of working life, even if retired) INDUSTRY	CC	USA
13	Engineer Kitchens	Lennsylvania	UDA
1	David Samuels	Marian Hughes	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		
	es, no, or unkown) (If yes give war or dates of service)	Baito., Md.	71515
		s. David Samuels, 622/ North	wood Drive
	18. CAUSE OF DEATH [Enter only one couse per lipe for (a), (b), and (c),]	<i>k</i> .	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) STLC in grace of	1631	
}	DUE TO		
	Conditions, if any, which (b)		
	gave rise to immediate (
	underlying cause lest. (c)		
\ \S	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION			YES ND
15	The state of the s	URRED, (Enter nature of injury in Part I or Part II of Item 18	
5	PRIMARY OF OF CONTRIBUTING D TIGHTENING	Meather plus Knot about no	reli.
S	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED, 20e. PL	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	mty) (State)
MEDICAL	LIM Burta.m. 137cb 1967 et work et work	ory, street, office bldg., etc.)	
2	21. I certify that I took charge of the remains described above, he	Id an Autopsy . Inspection . Inquiry .	and in my opinion
		icide . Homicide . Undetermined manner	
		CHIEF MEDICAL EXAMINER	_
	SIGNATURE JOTES C, 1-kgle	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	1/1 4/11/1	DEPUTY MEDICAL EXAMINER (X) 2 -/	13-67
	EXAMINER'S SOHN CITIES	Address (Street, city, town, or county)	
23	a BURIAL, CREMATION, 236. DATE THEREOF, 230. NAME OF CEMETER	Y OR CREMATORY 23d. LDCATION (City, town or con	unty) (State)
1	() REMOVAL (Specify) 3/44/67 Mt. Carmel	Mt. Carmel	. Penn.
24	FUNERAL DIRECTOR ADDRESS	252. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
45	Tarly Caron auch Lating VIll	DATE FEB 1 5 1967 # 00	100

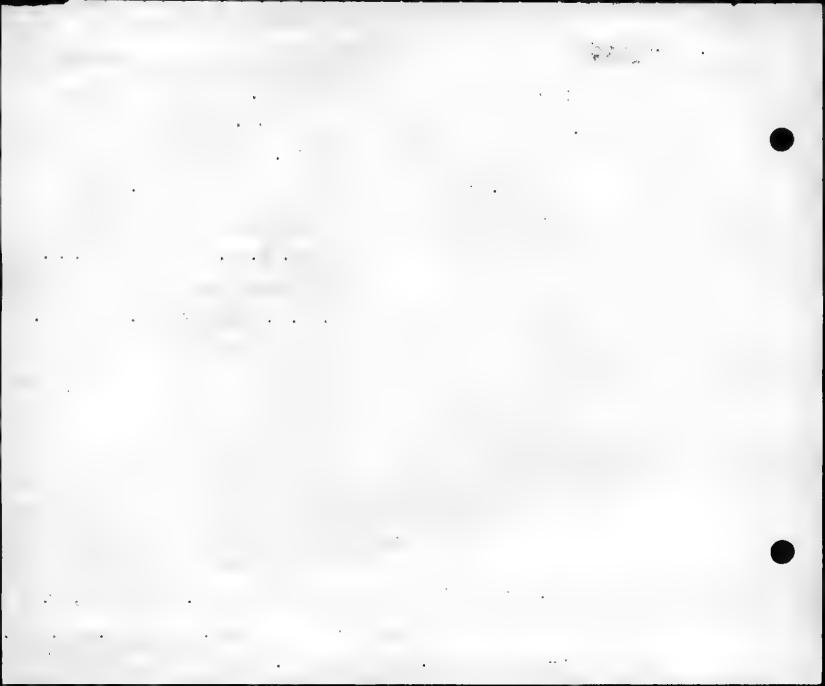


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and lampletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then placed that carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and when the state Dept. of Health prior to burial, cremation, or removal, and we have the within 72 hours after deather. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deoth.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

.0	1939	*,		CERTIF	ICATE	OF DEATH			010	135			
	ACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceos			before adm	ss-on)		
0. (COUNTY	ltimore		MARY	AND	o. STATE		b. COUI	Balti	more			
b. (CITY OR TOWN (f outside corporate limit	is.	c. LENGTH OF STAY IN		c. CITY OR TOWN (If our	tside corporo	te limits, write RUF			1)		
	write RURAL one	give neorest town)				,	t. 212		3				
	Bal	t. 21207					د ماد	507			FE BENGE		
d h	NAME OF HOSPIT	AL OR INSTITUTION (If n	of in hospito, g	eve street oddress)		d STREET ADDRESS e .S RES ON A							
						2615 N. Rolling Road YES N							
	ME OF	F	ırst	Midd e		Lost	4 DATE	Mont	h	Doy	Year		
	CEASED pe or print)		F. Este	lla Sauter			OF DEATH	Feb	. 28	1	19 67		
S. SEX	, ,	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		DATE OF BIRTH		AGE (n years	IF JNDER TY		DER 24 HRS		
177				DIVORCED		1/06/2000		last birthdoy)	Months D	ays Hour	rs Min		
F		White				7/26/1875	200	AT ALZ	10 07 7	FN: OF 144147			
		(G ve kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County)	& Stote, or to	reign country)	COUN	EN OF WHAT TRY?			
L	House			20111-		Balt. Co.	Md.			ILS.A			
13. FA	ATHER'S NAME					14. MOTHER'S MAIDEN N	IAME						
T		1.				777 4 - 15 - 41	L Tame						
15 107	AS DECEASED EVE	DIN HE ADMED CODECCO	16 :	SOCIAL SECURITY NO	17 IN	<u>Elizabet</u> FORMANT	u rouf	Addre	255				
(Yes, n	no, er unknown)	(If yes give wor or dates	no comural	5-50-8848	271.			0/2 = 3		1 2%	4		
	0		9		Y ir	s. Wm. H. Le	e <u>ishe</u> a	r-2615 N	KOLL				
18		ATH (Enter only one col H WAS CAUSED BY:	use per line for			. 1/	1	1- 11		ONSET AN			
	PAKI I. ULAI	IMMEDIATE CAUSE	(0)	(onge	5/0	ve pl	art	1-anhor	2	300	alles		
	4500	DUE				0.				4.77			
	anditions, if ony		(b)	Arten	1. 5	derine	*			104	20.		
	se to immediat		1 /			Maria Salahan				-			
	oting the under	TYING COUSE											
	_	ONISICANT CONDITIONS	(t)	O DEATH BUT LOT DEL	ATER TO T	IF TERMINAL PURLACE COM	INTIAN CIVE	N IN DADT 1/->		19. WAS A	UTODEV		
8 7	AKI II UMEK SI	GNIFICANI CONDITIONS (UNIKIBUTING T	U DEATH BUT NUT KELF	ALED TO IT	HE TERMINAL DISEASE CON	BITTON GIVE	N IN PAK+ I(O)		PERFO	RMED?		
CERTIFICATION				123M	els					YES	№О 🗌		
三 20	Do ACCIDENT WA	S UNDERLYING □ □ CAUSE OF DEATH	205 DE	SCRIBE HOW INJURY OF	CURRED (I	inter noture of injury in F	Port I or Port	t II of item 18.)					
	K CONTRIBUTING F FITHER, NOTIFY	MEDICAL EXAMINER)				-							
1 = 1 -		JRY Month, Doy, Year	20d IN	JURY OCCURRED	20e PLACE	OF INJURY (Home, form	, 20f.	(City or town)	(Count	Y)	(Stote)		
	Hour or	n.	While		focto	ry, street, office bldg , etc)							
-	p.r	-	ot work			1.0	6(0)	4/56	-: 10/=	7 1 /11	N 2 N 1 .		
		fy that (I) (this has		led the deceased	fram		960,1				(we) last		
_		eceased aliye an_	2/24	g196/, 0	and that	death accurred at	BTN	n, tram' causes			ted abave.		
	220. SIGNATURE	1~	11/	111 -		ATTENDING -	MED	STAFF	22b. DATE	SIGNITO			
		V	My 1	Mo.	M.D	PHYS L	DIRECTOR	PHYS.	3/1	1/61	/		
1 7	22c. PHYSICIAN'S		1			22d ADDRESS			7	, 7			
	NAME (Type)	Dr. Mor	tin Ell	in		8620 Tih	ant v I	Rd. Rende	Hotow	n Md			
23n F	BURIAL, CREMATIC	ON. 23b DATE TH	FREOF	23c. NAME OF CEME	TERY OR C			CATION (City or To		ounty)	(Stote)		
D. F	REMOVAL (Specify			1			,	_			(-10.0)		
			/0/	Lorraine	Par		A F	Frankli	n St	Balt	2 lid.		
	UNERAL DIRECTO			***************************************			BY REGISTR	67 Jet	CONTRACT SIG	SAME			
L	oring B	vers-8728 1	Liberty	Rd. Randa	Metc	MANUAL I	U IU	101		0			

Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01940 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH the furieral b COTINTY a. COUNTY MARYTAND BALTIMORE MARYLAND hours gater b. CITY OR TOWN (If outside carparate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Write RURAL and give negrest town)
FORT HOWARD 43 DAYS BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not an hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? NO K 1316 LIGHT STREET VETERANS ADMINISTRATION HOSPITAL NAME OF First Middle Last DATE Manth DECEASED FEBRUARY SCEARCE BENJAMIN M. (Type or pnnt) DEATH 8. DATE OF BIRTH IF JNDER 1 YEAR S SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years last buthday WIDOWED DIVORCED burial, cremotion, or removal, and in any MALE 10g US, AL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR 11. BIRTHPLACE (Cauling & State, or foreign country) 12 CITIZEN OF WHAT during most of warking life, even if retired) U.S.A INDUSTRY DANVILLE, VIRGINIA SHEET METAL WORKER 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME EMMA BURNETT BENJAMIN SCEARCE WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, or unknown) (If yes a ve war ar dates of service) CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. YES INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c)) signed by the buriof-transit PART I. DEATH WAS CAUSED BY. PNEUMONIA. LEFT LOWER LOBE IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave HODGKIN'S DISEASE YEARS nse ta immed ate cause (a), DUE TO stoting the underlying cause last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE CONDITION GIVEN MY PART 1(a) FICATION PERFORMED? Dept. of Health this certificate detached far use NO 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CERT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Haur om. factory, street, office bldg., etc.) Nat While at wark at work After 21. I certify that 1 (this haspital) attended the deceased fram director, page 3 should should be filed with the and that death accurred at 10:25AM ram causes and on the date stated above DIRECTOR: saw the deceased alive an 22h DATE SIGNED 22a. SIGNATURE DIRECTOR PHYS ADDRESS 22c PHYSICIAN'S Poge 4 moy TO FUNERAL VAH FORT HOWARD, MARYLAND DUDAS. M. 23a BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) BALTIMORE, MARYLAND BAITIMORE NATIONAL FLEMING FUNERAL HOME

BALFIMOR PARE BURTAL 25b REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 25M 1/67

offer

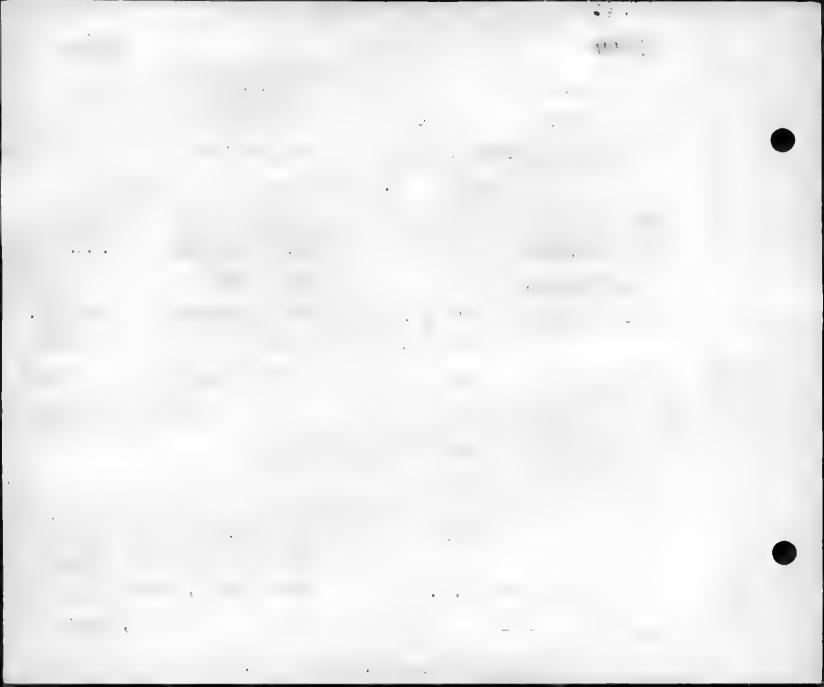
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01941 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Lesidence Defore admission) PLACE OF DEATH n COUNTY Md. Balto. b. CITY OR TOWN (If outside carparate limits, c CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) write RURAL and give nearest town) Reisterstown d STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp to give street oddress) ON A FARM? **61**d Hanover Road HILL NURSING HOME YES X NO 3 NAME OF 4 DATE Month First DECEASED OF DEATH 06 ERT CHARL (Type or print) S SEX 6. COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH 9 AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED birthday) Months March 25. 75 Hours 1890 WIDOWED DIVORCED 100 LSUAL OCCUPATION (G ve kind of work done during most of working life, even if retired) OF KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? INDUSTRY Farmer Balto. Co. Md.

14. MOTHER'S MAIDEN NAME TISA 13. FATHER'S NAME Henry C. Schaefer Anna Walter IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((If yes give wor or dates of service) 218-10-7956 Baltimore, Md. Mrs. E. Grace Davis INTERVAL BETWEEN 18 CAUSE OF DEATH (Emer only one couse per me for (o), (b), ond (c).)
PART I DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO (b)(2) Conditions, if any, which gove rise to immediate couse (a), **DUE 10** stating the underlying couse Arterios clevoris WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION LO NEPHRITIS PreLONEPHROSIS NO 206 ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING ED CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. Not While factory, street, office bldg, etc.) ot work ot work ~ 20 - 19 67, ta 21. I certify that (I) (this haspital) attended the deceased fram. 2-11-, 1967, that (1) (we) last 2-11-1967, and that death accurred at 620 PM, fram causes and an the date stated above. saw the deceased alive an____ 22b DATE SIGNED 22o, SIGNATURE 2-14-67 M.D. PHYS DIRECTOR 22d ADDRESS 22c. PHYSICIAN S CESAR VALLE CAVERO 3629 LIGERT 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION (County) (State) Mt. Gilead Cemetery Baltimore Co. Md.

2So. REC'D BY REGISTRAR

25b. REGISTRAR S SIGNATURE

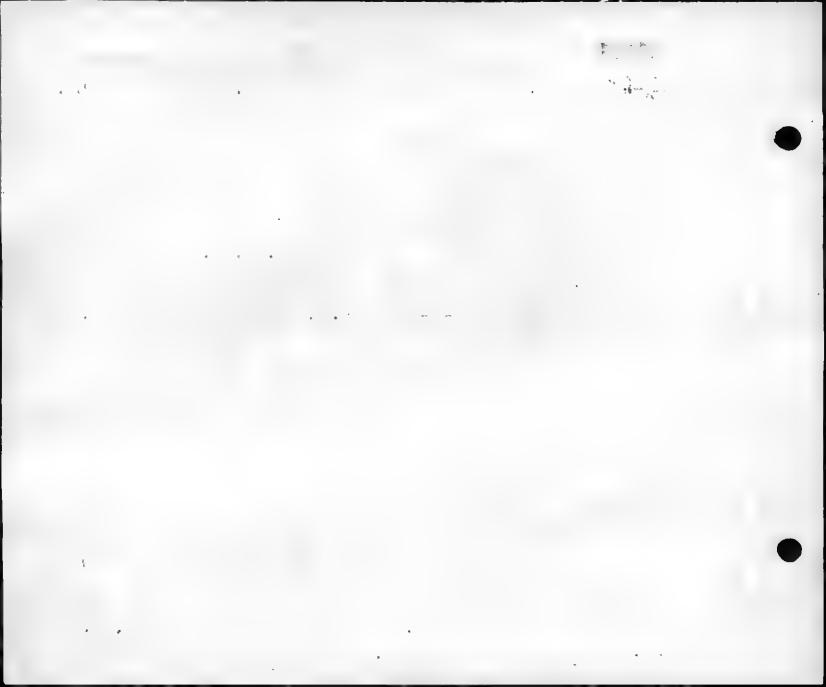
ADDRESS

F. Eline & Sons Reisterstown, Md.

requires that the death certificate be executed within 24 haurs after death filled in by the fune in papers Pages I o ithin 72 havrs after d UDC remove cox ond ease ar removal, attending phy permit. Then signed by the after burial-transit permi burial, cremation, a by the haspital ar attending physician. as the priar to l holl far use Health DIFFERENCE: After this certificate ge 3 shauld be detached far us ATTENDING PHYSICIAN: State Dept. of be retained directar, page 3 should be filed v Page 4 may TO TUMERAL

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR



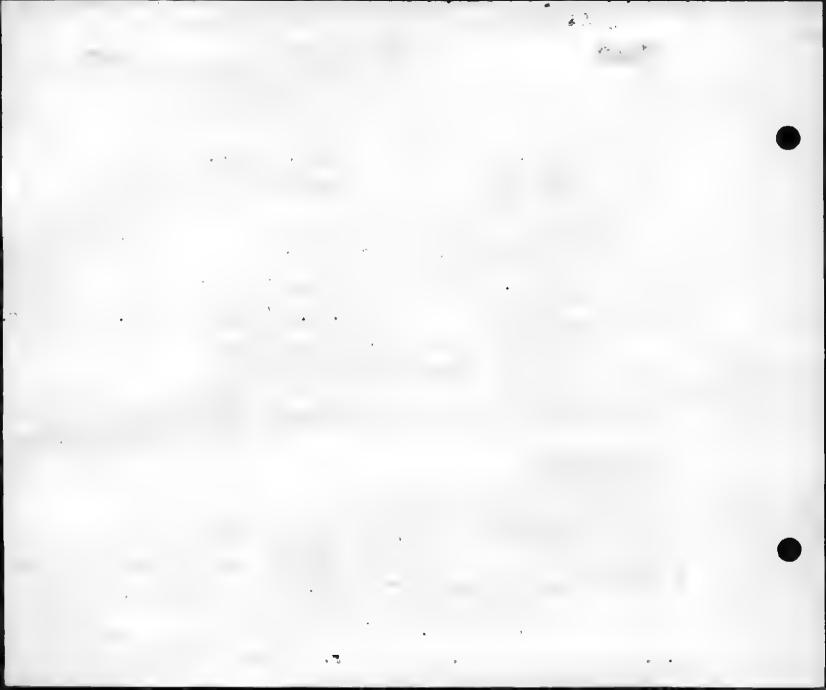
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Re PLACE OF DEATH o. COUNTY Maryland Baltimore MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) 14 days Towson Baltimore 21210 d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) St. Joseph Hospital 911 W. Lake Ave. YES NO 3 NAME OF Middle 4. DATE Month First DECEASED OF DEATH Rev. Carl F SCHAPPERT February 24. (Type or print) IF LINDER 1 YEAR S. SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years 7 MARRIEO NEVER MARRIED last birthday) Dovs Haurs June 16, 1886 DIVORCED [Male WIDOWED 11 BIRTHPLACE (County & State, or foreign country) 10o USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 C TIZEN OF WHAT during most of working life even if retired) INDUSTRY COUNTRY? Pennsylvania Religious

13. FATHER'S NAME PRIEST ATHOLIC 14. MOTHER'S MAIDEN NAME ELIZABETH STINGER TFORGE SCHAPPERT 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service REV. M. O'ROURKE 1130 N. CALVERT 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I OEATH WAS CAUSED BY Myocardial Myocardial Infarction ONSET AND DEATH IMMEDIATE CAUSE (a) Generalized Arteriosclerosis DUF TO Conditions, if ony, which gave rise to immediate couse (a), DUE TO stating the underlying couse 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMEO? YES TOT MO 20a ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) factory, street, affice bldg., etc.) Hour a.m. Nat While deceosed from 2/10/..., 19 67, ta 2/24/..., 19 67 that **(X** (we) last 19 67, and that death occurred at 2:08M, from causes and on the date stated above. 21. I certify that (a) (this hospital) attended the deceased from 2/10/saw the deceased alive an 2/24/ 1967, and that death 19 67 that (M (we) last 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING DIRECTOR February 24,1967 M.D. 22d. ADDRESS Reykaldo Orjuella York Rd., Towson, Md. 21204 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BURIAL, CREMATION, REMOVAL (Specify)
BURIAL ST MARY'S CENETH BY WILKES RARPE
ADDRESS 250. REC BY REGISTRAR 25b. REGISTRAR'S 24. FUNERAL DIRECTOR & SON 305 N. CALVERT ST. DATE MAR 2

funeral s 1 and 2 ter death, executed within 24 haurs after death by the f Pages in and y event, within 72 haurs .⊆ carbon avoi requires that the death certificate be crematian, ar removal, attending phys permit. Then p transit be retained by the haspital ar attending physician. signed | burial tr burial, c After this certificate has been be detached far use as the State Dept. af Health priar ta TO FUNERAL DIRECTOR: After director, page 3 shauld be d shauld be filed with the State Page 4 may

VR A15 (4)



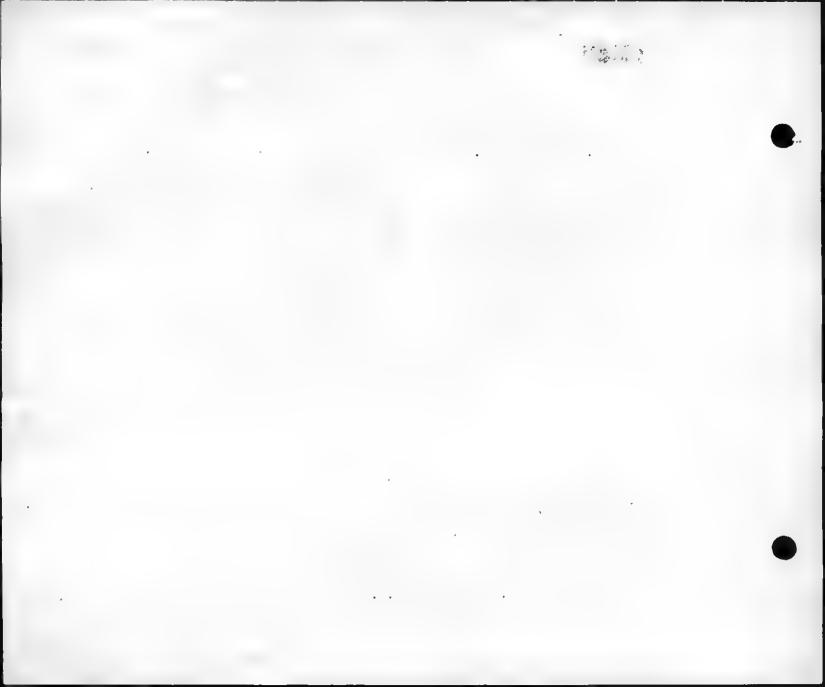
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11963 FOR STATE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01939

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ALTH DEPT.		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed rived, finistitution Resider o STATE b. COUNTY	ice before admission)
2 2 4 (VA)	1	o. COUNTY BALTIMORE MARYLAND		Baltimore
200		CITY OR TOWN (if outside corporate limits, CLENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and g v	
M3 M3		write RURAL and give reporest town) EAST PCINT	EAST POINT	4
Pa P.	-	d NAME OF HOSPITA, OR INSTITUTION (fination hospital give street address)	d STREET ADDRESS	e IS RESIDENCE
ages 1, ith farm	4	7727 E. Baltimore St.	7727 E. Baltimore St.	ON A FARM?
Pages vith far	3	NAME OF First Middle	tost 4 DATE Pronommeed	Doy Year
e K		DECEASED (Type or print) LAURA	SCHRADER OF February 2	5, 19 67
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Division of STATISTICAL RESEARCH STREET, BALTIMORE, MARYLAND 21201

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im and completely filled in by the funeral case, remave carbon papers. Pages 1 and 2 manyany event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be exilicated within 24 hairs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached for use as the burial-transit permit. Then please shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and

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MEDICAL CERTIFICATION

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OLD 1945. CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. CUSTAN DEATH B. COUNTY A. COUNTY B. CITY OLD TOWN II BRITCH to composite limits. C. LINGTH OF STATISTICAL RESIDENCE (When deceased lived, II institution. Readeness before education) b. COUNTY B. CITY OLD TOWN II BRITCH to composite limits. C. LINGTH OF STATISTICAL RESIDENCE (When deceased lived, II institution. Readeness before education) b. COUNTY B. CITY OLD TOWN II BRITCH to composite limits. C. LINGTH OF STATISTICAL RESIDENCE (When deceased lived, II institution. Readeness before education) b. COUNTY B. COLOR TO RESTRUCTION OF STATISTICAL RESIDENCE (When deceased lived, II institution. Readeness before education) b. COUNTY B. COLOR OF RESTRUCTION OF STATISTICAL RESIDENCE (When deceased lived, II institution. Readeness before education) b. COUNTY B. COLOR OF RESTRUCTION OF STATISTICAL RESIDENCE (When deceased lived, II institution. Readeness before education) b. COUNTY B. COLOR OF RESTRUCTION OF STATISTICAL RESIDENCE (When deceased lived, II institution. Readeness before education) b. COUNTY B. COLOR OF RESTRUCTION OF STATISTICAL RESIDENCE (When deceased lived, II institution. Readeness before education) b. COUNTY B. COLOR OF RESTRUCTION OF STATISTICAL RESIDENCE (When deceased lived, II institution. Readeness before education) b. COUNTY B. COLOR OF RESTRUCTION OF STATISTICAL RESIDENCE (When deceased lived) C. CITY OF POWNING which deceased lived in the statistic limits, while support to the statistic limits, while support in the limits, while support in the limits, while support in the limits, while support in the limits, while support in the limits, while support in the limits, while support in the limits, while support in the limits, while support in the limits, while support in the limits, while support in the limits, while support in the limits, while support in the limits, while support in the limits, while support in the limits, while		MARYLAND STATE DEPARTMENT OF HEALTH								
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20c. TIME OF INJURY Month, Day, Year Hour e.m. 19 While of work 21. 1 certify that (I) (this heapitet) altended the deceased from 195.8 to ALL 15, 196.7, that (I) (we) last saw the deceased alive on 195.8. In and that death occurred at 215.7M, from the causes and on the date stated above. 22e. SIGNATURE Paul H Roya ATTENDING MED. STAFF 22c. PHYSICIAN'S NAME (Type) Paul H. Roya 22d. ADDRESS 140.3 Foley La. Pikesville, Md.	3					YES NO				
20c. TIME OF INJURY Month, Day, Year Hour e.m., p.m. 19 While of work 20e. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) 20f. (City or town) (County) (Coun	RTIF	OR CONTRIBUTING [] CAUSE OF DEATH	HOW INJURY OCCURED.	(Enter natura of injury in Part I or P	ert II of item 18.)					
21. 1 certify that (I) (this hospital) altended the deceased from	٠, ا									
21. 1 certify that (I) (this hospital) altended the deceased from	실				(City or fown)	(County) (Stata)				
saw the deceased alive on	WE	p.m. 19 at work		1	4.7					
220. SIGNATURE Paul H Roys M.D. ATTENDING MED. PHYS. DIRECTOR PH										
Paul H Royse M.D. ATTENDING MED. STAFF DIRECTOR PHYS. Full 15, 1967 22c. PHYSICIAN'S NAME (Type) Paul H. Royse 12c. PHYSICIAN'S NAME (Type) Paul H. Royse 12c. PHYSICIAN'S NAME (Type) Paul H. Royse 12c. PHYSICIAN'S NAME (Type) Paul H. Royse	-	saw the deceased alive on	19.5		rom the causes and o					
22c. PHYSICIAN'S NAME (Type) Paul H. Royse 1403 Foley La. Pikesville, Md.			,	ATTENDING MED.		22b. DATE SIGNED				
NAME (Type) Paul H. Royse 1403 Foley La. Pikesville, Md.			M.		PHYS,	1-4-15,1967				
			use		2 Pikesu	Ille.Md				
238. DUNIAL, CREMINION, 230. DATE INTEREST 236, INCHEST 2	-				OCATION (City town of					
REMOVAL (Specify) 2-10-67 M.S. Object (Sental) Agental, Work CO. B.	238	. Donnier Citation in the contract of the cont	nt. Olive	7 Centeral	Hansall	york co &				
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REGISTRARY SIGNATURE	24	SUNDAL DIRECTOR'S SIGNATURE	ADDRESS	25 REC'D BY BI	GISTRAR 256 REGISTRA	NS. SIGNATURE				
Tipton - Eline Funeral Home Hampstead, Md FE 6 2 0 1967	24			יאן דרף פו	1007	ules Judy				

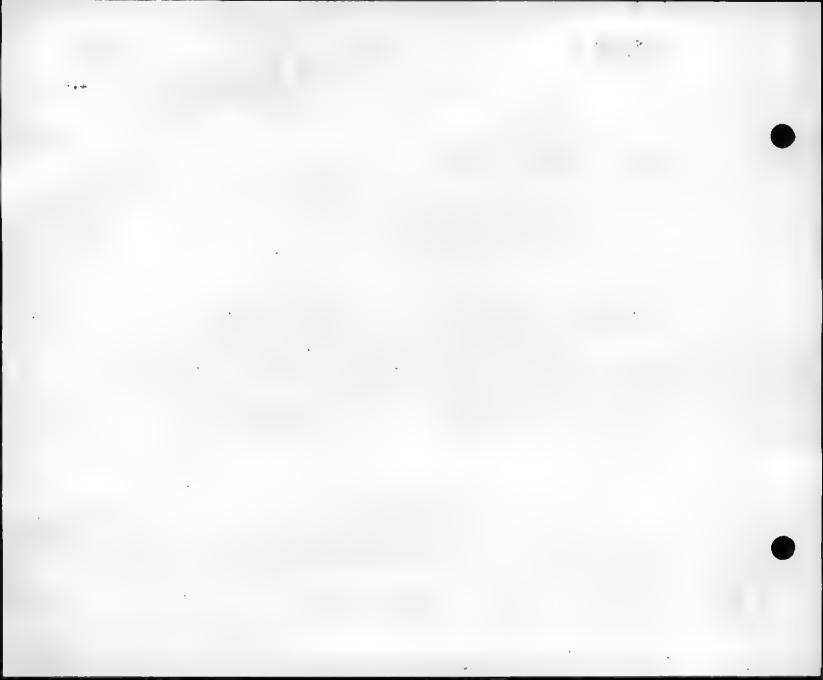


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01946	CERTIFICATE	OF DEATH	01	942
1. PLACE OF DEATH a. COUNTY SHIFT OF E	MARYLAND	O. STATE MARY	7777	Alvert V
b CITY OR TOWN (if outside corporate limits, whe RIRAL and give nearest town)	3 yrs:	LUSB d. STREET ADDRESS	de carporote limits, write RURAL and	give nearest fown)
d NAME OF HOSPITAL OR INSTITUTION (IF not n Forest Haven N	1	Box	8	ON A FARM? YES NO MA
		nmerman	4 DATE Month OF DEATH 9 AGE (In years IF UNI	Day Year 23 19 67
FW	MARRIED NEVER MARRIED S	MAR: 14, 187	72 gast birthday) Month	
100 JSUAL OCCUPATION (Give kind of work done during most of working life, even fuel red)	10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & SA/em. 14. MOTHER'S MAIDEN NA	N.J.	COUNTRY? A.
13. FATHER'S NAME WILLIAM DIKE			Known Address	
IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Jinknown) (If yes give wor or dates at sei	NONE Mr.	s. Mabel Mo	wrey 7+H Somme	
18 CAUSE OF DEATH (Enter only one cause of PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a). DUIF TO	f 1:	GABILL C	While - Consecu	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gove (b), nse to immediate cause (a),	MISENZE E	PENEGRAL	UMBOURK	
stating the underlying cause (c) PART II, OTHER SIGNIFICANT CONDITIONS CONT	PICILIPATE PROPERTY OF THE	SAFFAA -	MICH CIVEN IN PART 1/6	19. WAS AUTOPSY
Zarion -				PERFORMED? YES NO C
	20b. DESCRIBE HOW INJURY OCCURRED. (E OF INJURY (Home, form,		(County) (State)
20c. TIME OF INJURY Month, Day, Yeor Hour o m. p.m. 19	While Not While of work of work	ory, street, office bldg., etc.)		
sow the deceased olive on	ol) ottended the deceosed from		M, from couses ond o	n the dote stoted obove. DATE SIGNED
ZZC PHYSICIAN'S	f- Grand M.C		MED. STAFF DIRECTOR PHYS.	1/13/07
NAME (Type) Solar H	OF 23c NAME OF CEMETERY OR I		23d. LOCATION (City or Town)	(County) (State)
BUTTAL 24. FUNERAL DIRECTOR:	ADDRESS		BY REGISTRAR 25b. REGISTRAL	rtgomery Pa.
Easien telinetal	Home catonsoil	Co. 7/10Cotte	MAR 2 1967 🏸	limber Judge.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health prior ta burial, cremation, or remayal, organ any event, within 72 haurs after death. VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01947 CERTIFICATE OF DEATH PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b COUNTY a_EOUNTY MARYLAND b CITY OR TOWN (If autside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparote limits, write RURAL and give neorest town) RURAL and give nearest town) d STREET ADDRESS e IS RESIDENCE ON A FARM? NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street oddress) NO [3. NAME OF Month Year DECEASED 1967 DEATH (Type or print) AGE (n years IF JADER 1 YEAR IF UNDER 24 HRS. S. SEX 6 COLOR OR RACE NEVER MARRIED 8. DATE OF BRIM 7. MARRIED lost byrthdoy) Months Hours DIVORCED 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margueri te INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service CAUSE OF DEATH (Enter only one couse per line for (o), (b), INTERVAL BETWEEN JONSET AND DEATH and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 20011 DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. While Not While factory, street, office bldg., etc.) ot work ot work 1967 to 21. I certify that (1) (this haspital) attended the deceased from sow the deceased olive on 2and that death occurred at 335 cm, from couses and on the date stated above. 220 SIGNATURE DATE SIGNED ATTENDING DIRECTOR PHYS 22c PHYSICIAN'S 22d ADDRESS NAME (Type) 23o. BUR AL CREMATION DATE THEREO! NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County). (Stote) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR

and 2 death. ve carbon papers. Pages 1 event, within 72 hours after within 24 hours after .⊑ filled i ely f bon complet and in any physician and requires that the death certificate. burial, cremation, or removal, attending phy permit. Then signed by the o be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been directar, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to

> VR A15 (4) 20 M 1/66



TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect that she has after death. Page be retained by the hospital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARVI		DEPARTMENT	OF	MEALTH
MARILAN	DIVIE	DEPARIMENT	VI	MEMPIL

	MAKILAND STATE DEPARTMENT OF REALTH	
	ICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	ALTIMORE 1, MARYLAND
81948	CERTIFICATE OF DEATH	
A T A Z C		04044

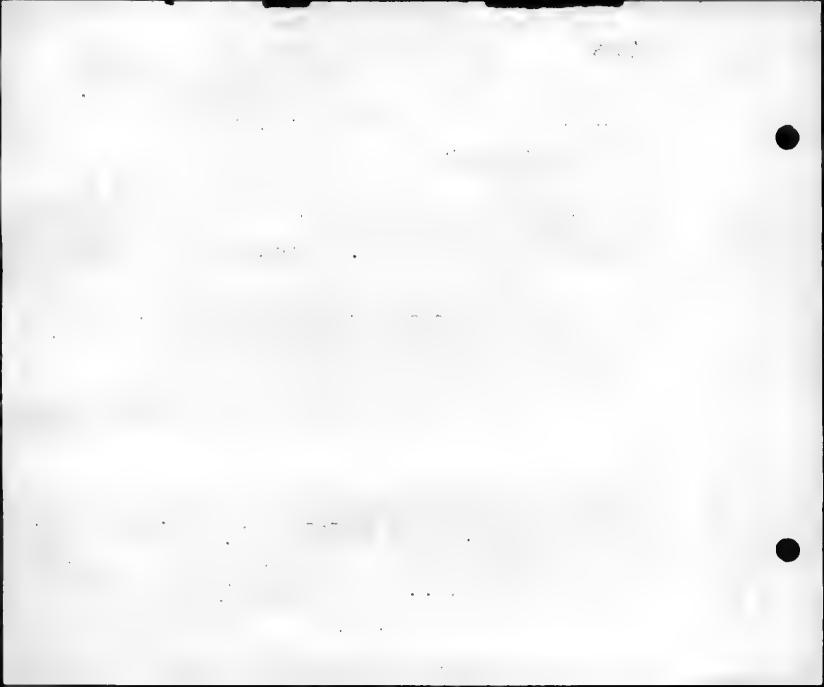
1 .	PLACE OF DEATH	e. STATE b. COUNTY
	Baltimore MARYLAND	Maryland Baltimore
	b. CITY OR TOWN (if guiside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town) Relay two vrs.	XMXXXXX Relay
-	Relay two yrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS 1 e. 15 RESIDENCE
	d. NAME OF FIOSPITAL OK INSTITUTION (II not in nospital, give streat address)	ON A FARM?
		701 Gun Road YES NO 🕞
3.	NAME OF First Middle	Last 4. DATE Month Dey Yeer
	(Type or print) Sister Mary Cyrilla S	Smith OF 2 6 1967
16	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 00 8	DATE OF BIRTH 19. AGE (In yeers IF UNDER I YEAR IF UNDER 24 HRS.
		last birthday) Months Deys Hours Min.
L		March 13, 1893 73 yrs.
	On. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR lone during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. C TIZEN OF WHAT COUNTRY?
"	Teacher	Topeka, Kansas U.S.A.
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		- 1 77 134
<u> </u>	George Smith	Sarah Hamilton
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT Address
	no 220560134 Sr	. M. Magdalen 701 Gun Rd. Balto. Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY, CHOONIC Rend	ONSET AND DEATH
		si Lisufficiency one jewe
	COSX DUE TO	
	Conditions, if any, which [b]	
	geve rise to immediate cause (e), stating the underlying DUE TO	•
	couse lest.	
z		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY
CERTIFICATION		PERFORMED?
5		YES NO 1
I E	2Da. ACCIDENT WAS UNDERLYING [] 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING [] CAUSE OF DEATH	, (Enter nature of injury in Pert I or Pert II of Item 18.)
6	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
13	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stele)
MEDICAL	Hour e.m. While Not While fact	ory, street, office bldg., etc.)
E	p.m. 19 et work at work	Asall 15 Fib F 17
	21. I certify that (I) (this hospital) attended the deceased from	971/611
	saw the deceased alive on Jan 4 196 , and that	death occured at
	ZZo. SIGNATURE	22b. DATE
	modified	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
	22c, PHYSICIAN'S	22d. ADDRESS
	NAME (Type) F MICTIO H DIANCO	3350 Wilkens Ave 21229
_	1	1
23	38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or sounty) (Stete)
_	Burie Ten 7/6/ Thew Calle	deal am 7200 all presente Kond
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. 'REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	Jurely & Success 11299 Cald	CAN DATE TO CIT WHIT I COME OF
L	A constant of the contract of	The state of the s



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

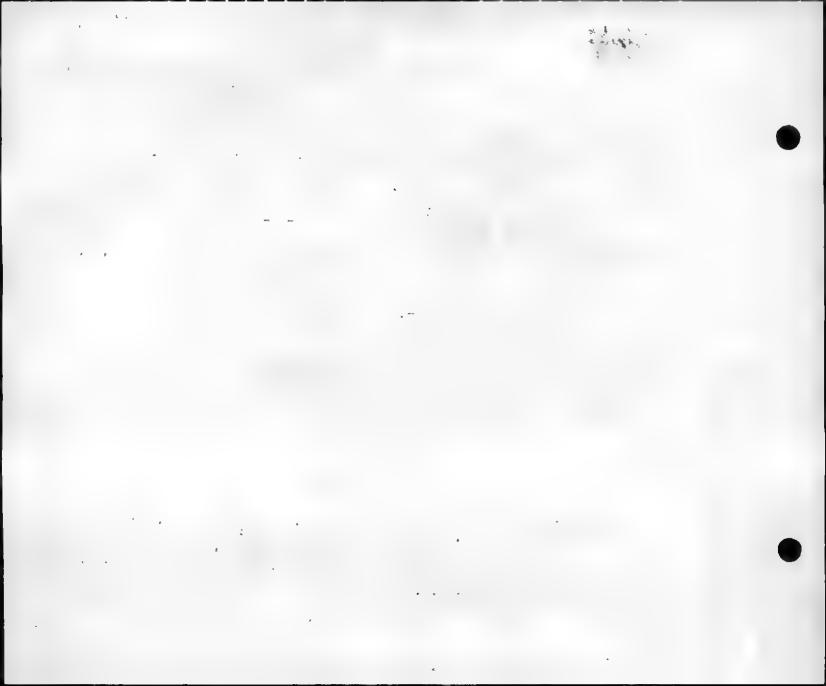
01349		CERTIFIC	ATE OF	DEATH		n	19/15
1 PLACE OF DEATH					Vhere deceased lived		laence before odm ssion)
o. COUNTY Baltimore		MARYLAN		Marv	land	b. COUNTY	alto.
b CTY OR TOWN (If outside corporat	e mits,	c. LENGTH OF STAY IN 18			ts de corporate limits	-	
write RURAL and give nearest tow	n)	38yrlmth27	dys R	ltimore	City		
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, o	eve street oddress)		EET ADDRESS	0103	-	a IS RESIDENCE
Spring Grove S				lmshouse			ON A FARM?
3. NAME OF	First	Middle		Lost	4. DATE	Month	Day Year
DECEASED	Mary	311(05)16	Smo	dnicky	OF DEATH	Februar	
S SEX 6 COLOR OR RA	CE 7, MARRIED	NEVER MARRIED	8. DATE	OF BIRTH	9 AGE (I	r years IFUNI irthdoy) Month	DER 1 YEAR IF JNDER 24 HRS
Female White	WIDOWED	DIVORCED [1.0	191	76	Yrs Monit	is pays mours will
. Oa USJAL OCCJPATION (G ve kind of wor	dane 10b. KI	NO OF BUSINESS OR	11.B	RTHPLACE (County	& State, ar foreign cou	ntry) 12	CIT ZEN OF WHAT COUNTRY?
during most of working life, even if retired)	IN	DUSTRY	- 0	alicia,	Poland		Poland
13. FATHER'S NAME				OTHER'S MAIDEN N			
				-			
IS WAS DECEASED EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO	17. INFORM	ANT		Address	
(Yes, na, or unknown) (If yes give wor or	dates of service) 2	19-54-34311	Spring	Grove S	State Hos	oital: R	ecords
18 CAUSE OF DEATH (Enter only o							INTERVAL BETWEEN
PART I. DEATH WAS CAUSED B	Y:	Myocardial	infarc	tion			ONSET AND DEATH
401	DUE TO		· ·				
Conditions, if any, which gave	(b)						
rise to immediate cause (a),	DUE TO						
stating the underlying couse	(c)						
PART II, OTHER SIGNIFICANT CONDIT		O DEATH BUT NOT RELATED	TO THE TER	MINAL DISFASE CON	IDITION GIVEN IN PAI	RT 1(a)	19 WAS AUTOPSY
NO				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			PERFORMED? YES NO A
200 ACCIDENT WAS UNDERLYING		teral pneum		thre of inner in l	Port Lor Port II of its	om 18 \	
OR CONTRIBUTING CLAUSE OF DEAT	1	SCHOOL HOM INJURY OCCUP	ALD TERRET	riole of injuly 47 I	10111 01 101111 01 11	311, 10]	
200 ACCIDENT WAS UNDERLYING COOR CONTRIBUTING COCAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINE) 200. TIME OF INJURY Manth, Day, Haur o.m.		JURY OCCURRED 206	DI ACE OF IN	JURY (Home, form	. 20f. (City o	r tawn)	(County) (State)
Haur o.m.	While	Not While		et, affice bldg., etc.)		· rown;	(20010)
p m.	19 of warl		0.50	00	2 . 13	A 15	2057 0 1007 -31
21. I certify that (Hc(thi		ded the deceased tra	that deat	accurred at	9:55 M fram	couses and a	19 <u>67</u> , that (I) (wac) last n the date stated above.
220 SIGNATURE	70 /	7 - 7 - 7 - 1100				221	DATE SIGNED
Sat	religion	/ }	M.D. PH	ENDING	MED. DIRECTOR P	TAFF HYS	2-15-67
22c PHYSICIAN'S	1-1-		2	d ADDRESS	Spring Gr	ove Stat	e Hospital
NAME (Type) Eve	io Felipe	, M.D.			lle Mar		
	ATE THEREOF	23c NAME OF CEMETER	OR CREMAT		23d LOCATION		(County) (State)
MEMOLYAL (Specify) 2 -	20-67	new Cal	huda		old 1	reduch	Rood Balla Ved
24 FUNERAL DIRECTOR /)	1	ADDRESS		, 2Sa REC'D	BY REGISTRAR	25b. REGISTRA	
Nague Fun	/ //	121/501	~. A. A	DATE	B 2 3 100	-	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate bo-executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please "emave carban papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 haurs ofter death. VR A15 4.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

· ~/	. \		01950			CE	RTIFICATI	OF DEAT	Н		0.1	240
by the funeral Pages 1 and 2			LACE OF DEATH . COUNTY	Baltimore			MARYLAND	Af CTATE	NCE (Where deceose Mary land	d Aved, if 'nstitu b COU	INTY	e before admission)/
y the 1 Pages urs affi		C	(ITY OR TOWN (write RJRAL on atonsvi	f outside corporate limit give nearest town)	ts,		th3dys	c CITY OR TOWN	(If outside corporate	e emits, write Ru	JRAL ond g ve	neorest town)
nn 24 hours a filled in by th papers Pagg th'n 72 hours a		(NAME OF HOSPIT	ALOR INSTITUTION (IF THE ROVE STATE		give street oddi	ress)		5 5926 Ch			e S RES DENCE DN A FARM? YES NO N
within etely fill arball p it, with		f	IAME OF DECEASED Type or pnnt)		erst hn		ddle H •	Smyth ·	4 DATE OF DEATH	Mor Febr	uary	Doy Year 10 19 67
s executed within and campletely firemene carba		5 5	eale	6 COLOR OR RACE white	7 MARRIED WIDOWED	L 12	MARRIED	8 DATE OF BIRTH 1884 9-1	9	AGE (In years post birthdoy)	F UNDER 1	YEAR IF UNDER 24 HRS Doys Hours Min
te be ex ian and iam rem indin an		10o	USUAL OCCUPATION	(Give kind of work done life, even if retired)	10b !	(IND OF BUSINES NDUSTRY	SS OR	11 BIRTHPLACE (C	ounty & State or fore	ngn country)		ZEN OF WHAT INTRY? A.
law requires that the goath certificate be executed within 24 hours after death nating physician. bean signed by the afterding physician and campletely filled in by the funeral stands the burial-fransit permit. The planmer carbon papers Pages I and is to burial, cremation, at removal, and in any event, with n 72 hours after death iar to burial, cremation, at removal, and in any event, with n 72 hours after death		13	FATHER S NAME	hn Smyt	h		***********	14. MOTHER'S MA	IDEN NAME	runger		
attending permit. The		15 (Ye:	WAS DECEASED EVE , no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes		SOCIAL SECURIT 218-10-	27.62	INFORMANT Records:		Add	STATE	HOSPITAL
equires that the g physician. signed by the attra- burial-tra-sit per-			IB CAUSE OF D PART I. DEA	EATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE			c).)					INTERVAL BETWEEN ONSET AND DEATH
physiciar physiciar signed b burial-tro burial, cr	f .		Conditions, if any rise to immediat	DU! , which gove)	(b)							
The law requires the aftending physician, has bein signed by se as the burial-trains having, and he prior to burial, and he will be a the burial.			stoting the unde	rlying couse	(c)							
The atternation has be a	}	CATION	PART II. OTHER S	GNIFICANT CONDITIONS Arteric	sclero	sis, ge	eneraliz	ed and se	vere			19 WAS AUTOPSY PERFORMED? YES NO
		MEDICAL CERTIFICATION	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)				(Enter noture of inju				
		MEDIC	Hour on	n. 19	While of we	rk 🔲 otwork	le 🔲 foo	CE OF INJURY (Home tory, street, office bldg	j., etc.)	(City or town)	(Coun	
= n < m o			21. I certi saw the d	fy that (1); (this ha eceased alive on_	spital) atter Feb	nded the dec 10 19	eased fram_ _67, and the	Jan. 1 it death accurre	d at 2:25 M	from causes	and an the	If, that (F) (we) last e date stated above TE SIGNED
			22c. PHYSICIAN'S	Leece	W	achsle	, м		MED. DIRECTOR C	STAFF C] 2-	10-67 HOSPITAL
TO HOSPITAL OR Page 4 may be 1 TO FUNERAL DIRE director, page 3 should be filed v	1	230	NAME (Type	Stella V			OF CEMETERY OR		Baltimo	re, Mary	yland 2	(State)
	0		REMOVA. (Specify BURTAL FUNERAL DIRECTO	2-13-			on Park	Cemetery 250	REC'D BY REGISTRA	Freder	ick Ave	e, Balto.Md
VR A15 (4)	1	Ho	ward H.	Hubbard, 4	107 Wi	lkens A	venue	21229	CCD 1	1 1007	20/10	rela. Verdas



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01951 CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admissiant a. COUNJY b COUNTY E GEORGE MORE MARYLAND b CITY OR TOWN (f autside corporate fimits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) DALF write RURAL and give nearest fawn) GLEN (if not in haspital, give street address) d. STREET-ADDRESS B IS RESIDENCE ON A FARM? 1-BOX# ON [3 NAME OF First OF DECEASED SNOW 196 (Type or print) 5. SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED last b abday) WIDOWED 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BLSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working to even if retired), INDUSTRY WASHINGTON 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME 16. SOCIAL SECURITY NO 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates of service) SNOWDEN-SAME AS UGENE INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY MXOCAR IMMEDIATE CAUSE (a) GENERARIZED ARTHERIOSCHEROSIS DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause last 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame form, (City or town) (County) (State) Haur a.m. factory, street, office bldg., etc.) Nat While at work 21. I certify that (1) (this haspital) attended the deceased fram. 19 6 1 to 1967 2 24M, from causes and an the date stated above. and that death accurred at saw the deceased alive an_ 22a, SIGNATURE 230 BURIA PREMATION DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County),

250 REC D 84 REGISTRAR

2Sb REGISTRAR SSIGNATUR Charles

TO FUNERAL DIRECTOR: After VR A15 (4)

director, page 3 should should be filed with the

REMOVAL (Specify)

funeral I and 2, ter death.

by the ru Pages

2.

filled

papers. Pages 1 hin 72 hours after

ve carba

remove

physician c

signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval,

and in an guq

deni

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

Page 4 may be retained by the haspital ar attending physician.

O HOSPITAL

has been

this certificate

be detached far use as the State Dept. af Health priar ta

20 M 1/66



OR NITERING PRYMENIA The law requires that the Math metrificity be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death, TO NOSPITAL OR MITERIAGE PRYMENT. The law requires that the Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01952
CERTIFICATE OF DEATH

1. PLACE DF OEA	TH			- 11		E (Where decease	ed lived, If institutio	on: Residen	ice before admission)
a. COUNTY	Balto.		8440044.44	us.	a. STATE	Md.	b. COUNTY	Balte	0.
b. CITY OR TO	WN (if outside corpora	te limits	MARYLAN c. Length of Stay in		c. CITY DR TOWN (If	outelde corner	ata limite write Ri	-	I .
Write RURA	L and give nearest too	vn)	7 Days		Edgemer		110 miles, Wilto Re	NUTE BUILD B	5140 Hourdot towny
		DN (if not in he	ospital, give street addr	ress)	d. STREET ADORESS				e. IS RESIDENCE
		Ione		,	Chesapeak A	ve. Rt.1	O Box 19X		ON A FARM? YES NO X
3. NAME OF	F	irst	Middle		Last	4. OATE	Month	Oa	
DECEASED (Type or print)	Louis			Sol	าก	DF DEATH	Feb.8.		19 67 -
5. SEX	6. CDLOR OR RACE	7. MARRIED	NEVER MARRIED		OATE DE BIRTH	(9. Δ	GE (In years LIEUN	DER 1 YEA	
37. 7.			_	!		la la	st birthday) Mont	hs Days	
Male	White	WIOOWEO	e-1	<u>. </u>	lay 13, 1887	79	3101		
during most of wor	ATION (Give kind of work rking life, even if retire	done 100. K	IND OF BUSINESS OR NOUSTRY		11. BIRTHPLACE (Co	unty & State, or	foreign country) 1:	2. GITIZEP COUNTR	N OF WHAT
Clothing		Sch	loss Bros. C	0.	Balto. Md		1	USA	
13. FATHER'S NA	ME				14. MOTHER'S MAID	EN NAME		-	
Willia	m Sohn				Anna Raa	b			
15. WAS DECEASED	DEVER IN U.S. ARMED FO	ORGES? 16.	SOCIAL SECURITY NO.	17.	MEDDAGANT	19 X	Address R	olto	19, Md.
(Yes, no, or unkown)	(If yes give war or dates		15-01-8561	7 "	. William L.				
	DESTIL / Enton en la pa			Aladi a	· '\TTTTEM 14 •	SOILL CL	lesapear A		TERVAL BETWEEN
	DEATH WAS CAUSED BY		ine for (a), (b), and (c).]		Cardin	lase L	1.		VSET AND DEATH
	IMMEDIATE CAUSE	(a)	4 Demelus	W	Julaco C	1 600C Z	(10)		-
443,	X OUE	TO 1/	/						9
Conditions, II		(b)	remuci						۲
gave rise to	1 0110	1-/							
cause (a), underlying car	graring nine [
		(c) DNS CONTRIBU	ITING TO DEATH BUT NOT	RFLAT	FO TO THE TERMINAL O	ISEASE CONOIT	IÔN GIVEN IN PART	1/a) 19	. WAS AUTOPSY
TA				***************************************		102102011011			PERFORMED?
E CO. ASSUMEN	Turke thinebrusia ==	l not							YES NO
PART II. DTHER 20a. ACCIDEN OR CONTRIBU (IF EITHER, N Hour a	T WAS UNDERLYING □ TING □ CAUSE OF OEA OTIFY MEDICAL EXAMI	TH 200. 1	DESCRIBE HOW INJURY	OGGUR	XED, (Enter nature of	injury in Part	or Part II of Item	3 183	_
S PO STATE OF			HUIDY CONTORED LOS	Dise	0.00.00.00.00.00.00.00.00.00.00.00.00.0	_ 204 (014		(America)	(04040)
Hour a	INJURY Month, Cay,	to amage	NJURY OCCURRED 20e.	factory	e of injukt (nome, tal street.officebldg., st	rm, 201. (CIT	y or town)	(County)	(State)
M NOW S	.m. 19	While at work	Not While						
	Ify that (I) (this has	nital) attende	ed the deceased from	1 7	19	6/to 2	1	6/	that (I) (we) last
	eceased alive on	2 - /			death occurred at X	A	the causes and		
22a. SIGNAT		1/	, dilu	tilat (usetti occorred ata,	- III, 11 OIII	22b		SIGNED
Lean Grantin	1/47	and.	fa 121			MEO.	STAFF -	52.0	9-17
22c. PHYSIC	IANI'S	one -	1000	M.D.	PHYS. ADDRESS	DIRECTOR	PHYS.	-	0 0/
NAME (Type I. E	BRL	PASS	-2	400C	Wills	reus	WH	2
23a. BURIAL, CRE REMOVAL (S	MATION, 23b. DATE	THEREOF	23c. NAME OF CEME	TERY (OR CREMATORY	23d. LOGAT	TION (City, town o	r county)	(State)
Burial	Feb. 1	0.1967	Loudon Parl	k Ce	em .	Balto	. Mil.		
24. FUNERAL DIE		700	ADORESS		25a. REC		AR 25b. REGIST	RAR'S SIG	NATURE
G. Truma	n Schwab 351	2 Frede	rick Ave. Bal	lto.	Md. DATE	n 1 (1967 (Vicery	les Jud.
-					DATE	^ \	1 200		-0-4-

VR ALS (4)



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

l —			UL.	KILLIONII	OI DEATH			1/14
1.	PLACE OF DEAT	H				E (Where deceased lived, I		sidence before admission)
1		LTIMORE		MARYLAND	a. STATE	AROLINA b. C	A3HEVI	11E V
	b. CITY OR TOW	/N (if outside corporate	limits, j c. LENGT	H OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits		
	TOW:	and give nearest town)		ASHEVI	115		
	d. NAME OF HO	SPITAL OR INSTITUTION	(if not in hospital, give	street address)	d. STREET ADDRESS		0000	6. IS RESIDENCE
_	GREATER	-	MEDICAL CEN		675 CAL	A DONIA	ROAD	YES NO NO
3.	NAME DF DECEASED	Fire	st M	liddle	Last	4. DATE M	lon th	Day Year
I	(Type or print)	SUSAN	WALK	KER 5	PALDING	DEATH 6	λ-	15- 19 67
5.	SEX	6. COLOR OR RACE	7 MARRIED NEVER	MARRIED 8	. DATE OF BIRTH	9. AGE (In ye		YEAR IF UNDER 24 HRS.
	_ F	w	WIDOWED T	DIVORCED [11-18-76	90 yr		Days Hours Min.
10 du	a. USUAL OCCUPAT	TION (Give kind of work d ling life, even if retired)	one 10b. KIND OF BUS	INESS OR	11. BIRTHPLACE (Co	unty & State, or foreign con	intry) 12. CIT	IZEN OF WHAT
	HOME	MAKER		HOME	ROMNEY	W. VIRGINIA		U.SA.
13	. FATHER'S NAM	IE .			14. MOTHER'S MAIDE	IN NAME		
_			HIDESTER		HAN	NA SUSAN	WAL	KER _
(Y	5. WAS DECEASED es, no, or unknwn)	EVER IN U.S. ARMED FOR (If yes give war or dates of:	CES? 16. SOCIALSEC		INFDRMANT	Ad	dress	- 4
	No		213-05	-4920 R	CHARDN.	WILLS, 1	Mc Don's	OGH, NIC.
			cause per line for (a),	(b), and (c).]	10	- 1		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (an Miller	condi	al hul	willon		ONSET AND DEATH
		DUE T			1			
	Conditions, If	any, which	b)		1	1		
	gave rise to cause (a), s	Immediate (
	underlying caus	an Inch	c)					
NOI.	PART II, OTHER S			ATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY
FICATION								PERFORMED?
7T, F	2Da. ACCIDENT	WAS UNDERLYING DING CAUSE OF DEATH	20b. DESCRIBE H	OW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part	li of Item 18.)	1
CERT.	(IF EITHER, NO	TIFY MEDICAL EXAMINI	ER)					
CAL		INJURY Month, Day, Y		Sector	E OF INJURY (Home, far	m, 20f. (City or town	n) (Coun	ty) (State)
MEDICAL	Hour a.n		While Not WI	III.e — f	y, street, office bldg., et	5-)		
-			tal) attended the dec		- 7 A 19	(1 to 1-1	5 . 19 (7 that (I) (we) last
		ceased alive on 3	- 15 19		death occurred at 2	M, from the caus	ses and on the	
	22a BIGNATUR		1800					TE SIGNED
	1/1/44	my 1. 14	soulling.	M.D.		IRECTOR PHYS.	D/ 7-	15-67
	22c. PHYSICIA NAME (T)		· VCIT	212 11 11 11	22d. ADDRESS	1) 11/10	150	
		TAKMUE	L 1-64/	JKKL111	10701	10 CHAK	45	52 1
23:	BURIAL, CREM REMOVAL (Spe	MATION 23b. DATE TH		ME OF CEMETERY		23d. LOCATION (City	-	
	<u>Burial</u>	2/16/.		uid Rid	ge	Pike svi	lle, Ba	lto.Co.Md
-llea	. FUNERAL DIRE			ress York Rd		D BY REGISTRAR 25b.		
10	M . O GITKT		1 to 12 Ma	TOTA III	• DATE FE	B 1 6 1967	Meline	es Judge
4			LUCIOLE OF THE					

5 (4) 1/65



Deportment of ofter (Marchin 72 hours State poges lar permit cremation, or removal, 0 buriol p 3 should designated ogent, prior

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 9 Film MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence defere admission 1. PLACE OF DEATH o COUNTY o STATE Maryland b COUNTY Harford Baltimore delay b CTY OR TOWN (If autside corporate limits write RURAL and give nearest tawn) c. LENGTH OF STAY IN 15 c CITY OR TOWN (f autside corporate limits write RURAL and give necrest town) pup lowson lowson d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) d STREET ADDRESS IS RES DENCE ON A FARM? in Item 18. Give Poges 1, along with form 1705 Aberdeen Rd. YES NO 1705 Aberdeen Rd 3 NAME OF 4. DATE DECEASED (Type or print) February 1 /2 SPEAR 9 AGE (n years S SEX 6. COLOR OR RACE 7 MARR ED NEVER MARRIED 48 last birthday) Months Ma1e White Office 1Do USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT during mast of warking life, even if ret red)

(arpenter COUNTRY? INDUSTRY Exam ner's pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 17 INFORMANT 16 SOCIAL SECURITY NO ef Medicol 1101 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE 101 Occlusive coronary arteriosclerotic heart disease writing the ward ' Conditions, if any, which gave Poge 4 should be forwarded to rise to immediate cause (a), DUE TO stating the underlying cause WAS AUTOPS PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? YES 😿 NO 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18.) PRIMARY ar CONTRIBUTING CAUSE OF DEATH 2Dc TIME OF INJURY Manth, Day, Year 2Dd NJURY OCCURRED 20e PLACE OF INJURY (Home, form 2Df (C ty ar town) (County) (Stote) 5 moy be retoined for your III TO FUNERAL DIRECTOR: Poge 3 Health or its designated ogen Haur a.m. factory, street, office bldg., etc.) Not While of work at wark 21. I certify that I took charge of the remains described above, held an Autapsy [x], Inspection Inquiry and in my ap n an death resulted from Natural causes |x| Acerdent . Undetermined manner the funeral director Suicide Hamicide . CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEFUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Rudiger Breitenecker, M.D. 2/2/67 NAME (Type) Address (Street, city town, or county) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) (County) RIMOVAL (Specify)

Baltimore.

256 REGISTRAR S SIGNATURE

Carles Judge

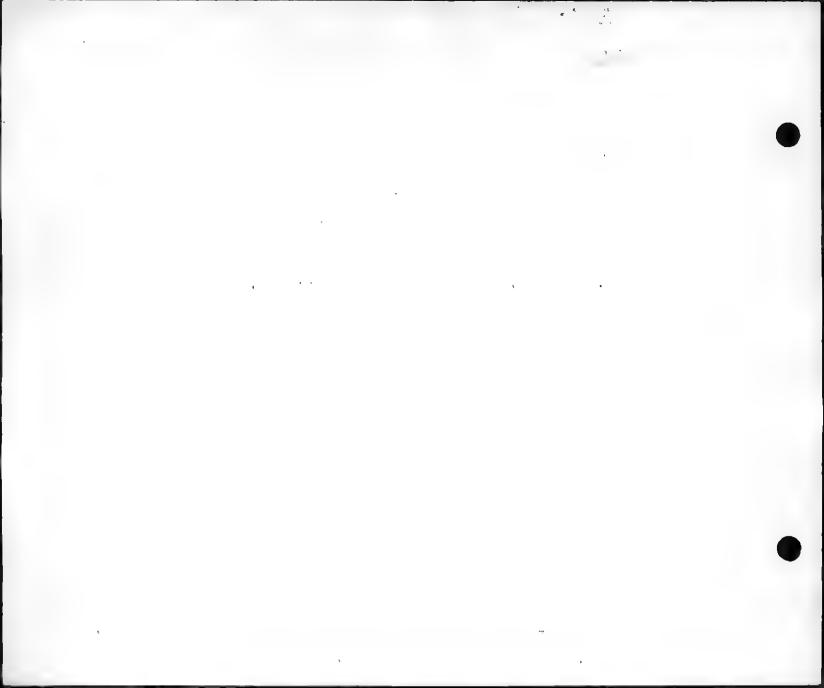
250- RECD BY REGISTRAS

VR A15ME (5)

burial

Leonard J. Kuck, Inc Baltimore, Md.

24 FUNERAL DIRECTOR

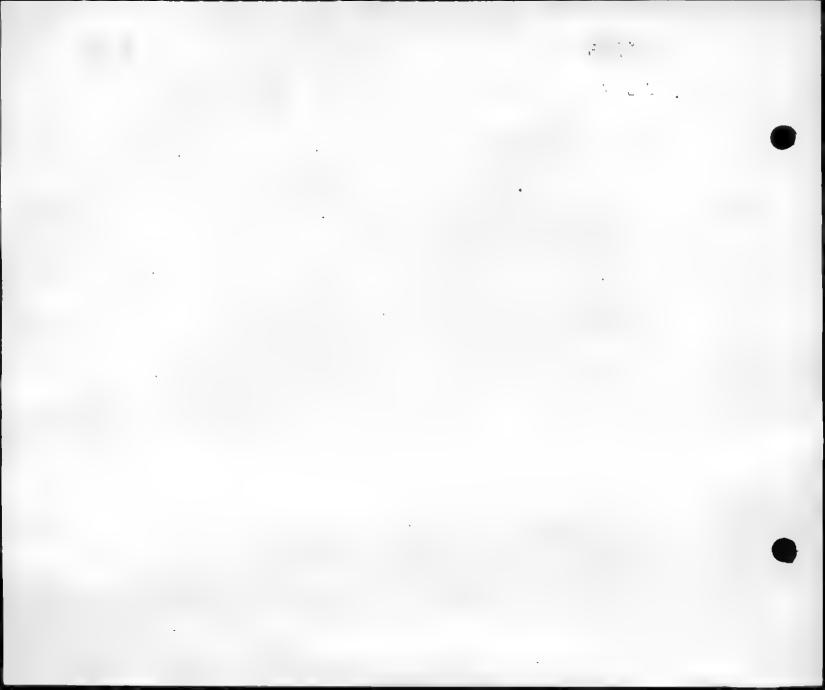


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

)		01955	CERTIFICATE	OF DEATH		01951				
Þ	C	COUNTY BAITINGRE	MARYLAND	o. STATE Md	b. COL					
		write RURAL and give nearest town) CA TOMS VIIC	c LENGTH OF STAY IN 16	CATONS	tside corporate limits, write RL VI/Ie					
*			Home		11e GROVE	Rd e is residence on a farm? YES NO				
	Ī	NAME OF Frst DECEASED Type or print) ANNA	E, Middle	SPIES DATE OF BIRTH	DEATH Mor	Ooy Year 7 - 19 6 7 I IF UNDER 1 YEAR 1 IF UNDER 24 HRS.				
		F		oct. 28,1.		Months Doys Hours Min				
	duri	House Wilse	INDUSTRY	14. MOTHER'S MAIDEN	Md.	COUNTRY?				
	R	WAS DECEASED EVER IN U. S. ARMED FORCES?		ELIZABET,	& RichsTe	ress				
		(If yes give wor or dates of serving) (If yes give wor or dates of serving) (If yes give wor or dates of serving) (If yes give wor or dates of serving)	(e) 216-05-2247 Mrs.		Giese SR.					
		PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	and myocarde	il Infarc	Tion	ONSET AND DEATH				
		Conditions, if any, which gove is to immediate course (a), stating the underlying course DUE TO (b) Orlempselvrolis Cardio - Vascular Dissesse 10377.								
	~	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE	BUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?				
2	CERTIFICATION	200 ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED (I	Enter noture of injury in I	Port I or Port II of item 1B.)	YES NO				
		OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Yeor	2Dd IN3URY OCCURRED 20e. PLAC	E OF INJURY (Home, form	. 20f (City or town)	(County) (State)				
	MEDICAL	Hour o.m. p.m. 19	While Not While facto	ry, street, office bldg , etc.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			ottended the deceosed fram	deoth accurred of	932 to 2 - 12 2.32 M, fram causes					
		220 SIGNATURE TXILINN & Fall	lager In . M.D.	. PHYS.	MED STAFF DIRECTOR PHYS.	22b. OATE SIGNED				
		22c PHYS CIANS NAME (Type) Wilmer K. C	3allageryr.	6209 Frade		ALTINIZE Md.				
	12	BURIAL (REMATION, 23b. DATE THEREOF 2 - 20 - 6	23c. NAME OF CEMETERY OR C Loudon PK.	Cemi	BATTIMOR	e_ Md.				
	24	FUNERAL DIRECTOR 1. S. Mac Mabb	301 Frederick	RE DUEB	BY REGISTRAR 256 R	REGISTRAR'S SIGNATURE				

TO INDEMITAL OR ATTIMITME MINISTERN: The law requires that the death certificate be exercised within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after degin Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		01956	CERTIFICATE	OF DEATH	0.1	952
1		PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (1 o. STATE Marvland	Where deceosed lived, if institution: Reside b. COUNTY Balto	dence before odmission)
Su.		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If or	itside corporate limits, write RJRAL and (give neorest town)
		Towson		Baltimore	21206	
		d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospitol, give street oddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
	<u> </u>	St. Joseph Hospital		4516 Kenwo		YES NO V
		NAME OF First DECEASED A	Middle	Lost	4. DATE Month	Doy Year
		(Type or pnnt) Anna SEX 6, COLOR OR RACE 7 M	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SPINA	DEATH PEDRUAY	y 20, 1967 ER 1 YEAR IF UNDER 24 HRS.
	١.			DATE OF BIRTH	Land Interfedent Advantage	
	_	Female (Caucasian Wi	DOWED DIVORCED J	uly 17, 189		CITIZEN OF WHAT
	dur	ing most of working life, even if retired) Homemaker	INDUSTRY At Home	Sicily -	Italy [[COUNTRY?
		FATHER'S NAME		14. MOTHER'S MAIDEN I	VAME	
		Joseph Brocato			ine Sabatino	
	1S, (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? as, no, ocunknown) ((If yes give wor or dotes of servi	cell	IFORMANT	Address	
		No	216-28-7524 Ca	irmel Spir	na 4516 Kenwood	Ave
		IB. CAUSE OF DEATH (Enter only one couse per PART I, DEATH WAS CAUSED BY			•	INTERVAL BETWEEN ONSET AND DEATH
		MMEDIATE CAUSE (a)	Myocardial infa	rction		
		Conditions, if ony, which gove (b)				
		stoting the underlying couse DUE 10				
		last. (c)				
	VIEON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB			IDITION GIVEN IN PART 1(0)	PERFORMED? YES TO NO
	CERTIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (I	inter noture of injury in	Port I or Part II of item 18.)	
	MEDICAL	20c TIME OF INJURY Month, Day, Year Hour o.m.	While Not While focto	E OF INJURY (Home, form ry, street, office bldg., etc.)		County) (State)
		Pellis	atwork otwork	/77 /	0 67 to 2/20/	0677 that M (wa) last
		21. I certify that (1) (this haspital) attended the deceased fram 2/11/ , 19 67, ta 2/20/ , 1967, that (3) (we) last saw the deceased alive an 2/20/ 1967, and that death accurred at 11:20M, fram causes and on the date stated above.				
		220 SIGNATURE	al THIR MD	ATTENDING PHYS	MED CTACE	pate signed oruginary 20,1967
1		NAME (Type) Reynaldo Orjuela-Gomez, M.D. 22d ADDRESS 7620 York Rd., Towson, Md. 21204				
	230	BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR C		23d LOCATION (City or Town)	(County) (Stote)
1		Burial 2/23/67			Baltimore Md	
1.		FUNERAL DIRECTOR	Baltimore Co		BY REGISTRAR 2Sb REGISTRAR'S	S SIGNATURE
17		Dippel Bro's. Inc.	7110 Belair Rd	DATE	B 2 3 1967 /	Man Junge

TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician—and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death.

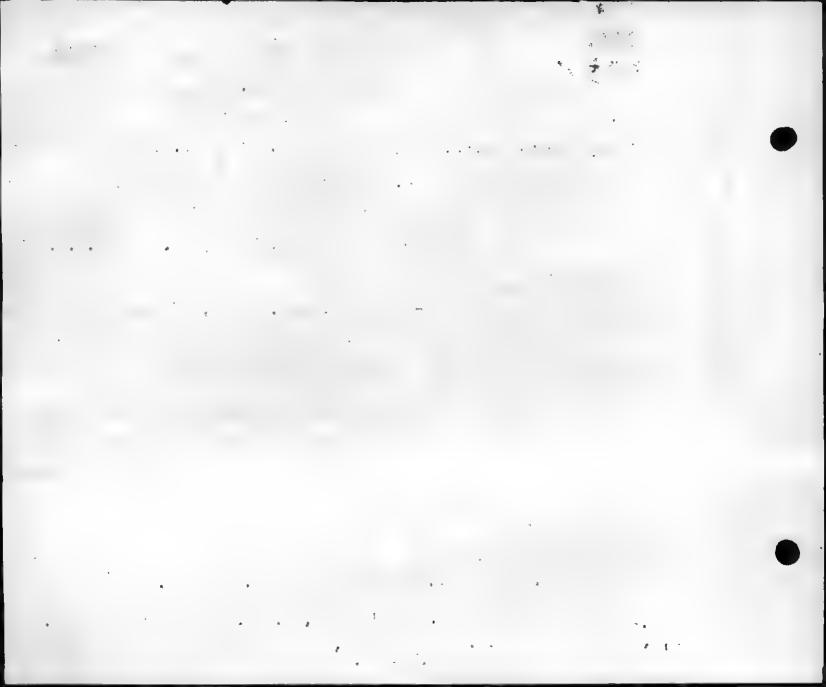
VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page I may be retained by the hospital or attending physician



MARYLAND STATE DEPARTMENT OF HEALTH VISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH Residence before admission) USUAL RESIDENCE (Where deceased lived, If institution: b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Philadelphia d. STREET ADDRESS e. IS RESIDENCE ON A FARM? W. Luray St. 1181/10 NO K YES DATE Month Day Year DEATH Februarv AGE (In years | IF UNDER'S YEAR | IF UNDER 24 HRS DATE OF BIRTH (ast birthday) | Months | Days Hours 889 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fereign country) COUNTRY? Philadelphia. Pa. U.S.A. 14. MOTHER'S MAIDEN NAME Address H. Stahl. 15 INTERVAL BETWEEN ONSET AND DEATH boundary PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMED? YES I ND 🗷 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 2Dd. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm. (State) 20f. (City or town) (County) factory, street, office bldg., etc.) 22b. DATE SIGNED MED. DIRECTOR PHYS. ADDRESS Paul (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) St. Peter's Luth. Ch. Cem. Lafayette H111 REC'D BY REGISTRAR I REGISTRAR'S SIGNATURE 25b. DATE

2DM 1/65



VR A15 (4) 20 M 1/66 25a

DATE

REGISTRAR S SIGNATURE

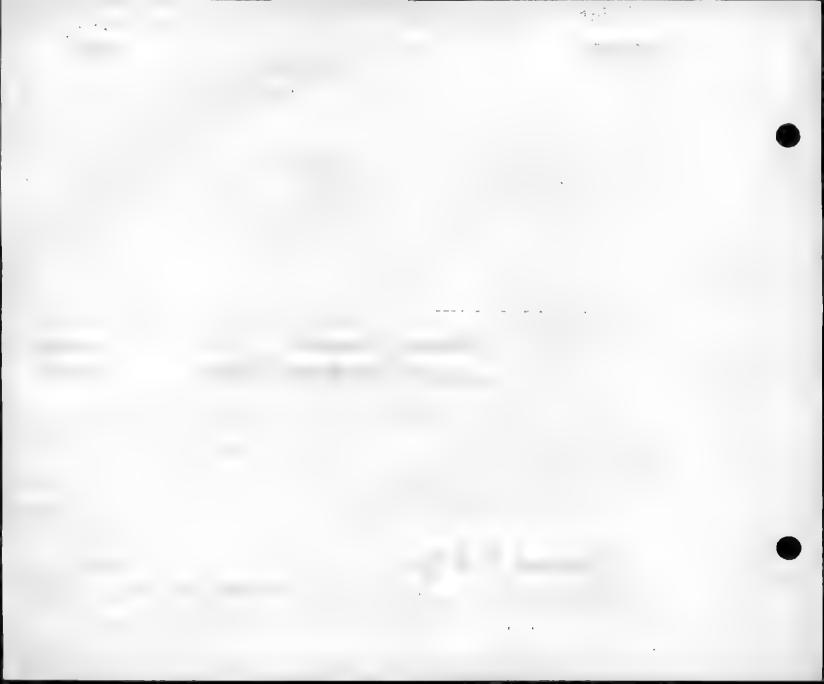
* * * * * * *

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4	CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Resi						01955
	1 PLACE OF DEATH 0. COUNTY	toma ?	Pacita	MARYLAND	2 USUAL RESIDENCE o. STATE Mary	b. COUNT	
	write RURAL on	(If outside corporate limit d.g.va nearest town)	s, 6')	THE THE THE TENT TO		utside carparate imits, write RURA	il and give nearest town)
		TAL OR INSTITUTION (If n	at in haspital, give s	street address)	d STREET ADDRESS	* * * * * * * * * * * * * * * * * * * *	e IS RESIDENCE ON A FARM? YES NO KON
	3. NAME OF DECEASED (Type or pnnt)	J 5	rst	Middle 114.	Lost	4 DATE Month OF DEATH Febr	Doy Yeor Cuary 7, 19 67
	S 28X	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED [8	B DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Hauts Min.
	Femade	White	WIDOWED XX	DIVORCED .	June 10, 18		
	during most of work no Homest	N (G ve kind of work done life, even if refired) AKET	10P KIND O	F BUSINESS OR RY Home	11 BIRTHPLACE (Count Marylat	y & State, ar fareign country) 1Å	12 CITIZEN OF WHAT COUNTRY?
	13. FATHER \$ NAME	John Georg	e Blum	,	14. MOTHER'S MAIDEN		raft
	1S WAS DECEASED EV (Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give war or dates	1 14 1001	AL SECURITY NO. 17	NFORMANT	Address	
		te couse (o),	(a) Bron TO (b) ASC	relev-Pneu	Cardene f	- ailure	Mouths
	PART II. OTHER S	IGNIFICANT CONDITIONS (ONTRIBUTING TO DE	EATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(a)	19 WAS A TOPSY PERFORMED? YES NO
	(IE FITHER NOTIE)	IS UNDERLYING G CAUSE OF DEATH (MEDICAL EXAMINER)	205 DESCRIB	BE HOW INJURY OCCURRED	(Enter noture of enjury in	Part I or Part II of item 18)	
	20c. TIME OF INJ	URY Month, Doy, Year m. m. 19	20d INJURY While at work		CE OF INJURY (Hame, far ory, street, affice bldg., etc		(County) (State)
		ify that (I) (this had leceased alive an <u>f</u>		the deceased fram 1967, and that	une 3, t death accurred a	19.58, to Feb. 7 t <u>2 P.</u> M, from causes o	nd an the date stated abave.
	22a SIGNATURE	newland	E. D.	ey M.E		MED STAFF DIRECTOR PHYS	22b. DATE SIGNED Februar 8,1967
/	22c. PHYSICIAN NAME (Type		E. Day,	M.D.	22d, ADDRESS 4 - 8 - 33	Sel St Baltin	re Mayford
)	230 BUR AL, CREMATI REMOVAL (Specific Burla)	Feb. 9	, 1967	NAME OF CEMETERY OR E		23d 10(ATION (City or Tow Baltomore, I	. , , , , , , , , , , , , , , , , , , ,
	24. FUNERAL DIRECTI WITL. COOK—I	R Brooks Tows	on, 1050 Towso	York Road on 4. Marvlan		D BY REGISTRAR 2Sb. REG EB 9 1967	istrar's signature

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please hands earbon papers. Pages I and should be filed with the State Dept of Health prior to burial, cremation, or removal, findingly event, within 72 haurs after death Poge 4 may be retained by the haspital or attending physician.

> VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH s 1 and 2 frer death. death. 2 USUAL RESIDENCE (Where deceased ved, if institution Res-PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND ician and campletely filled in by the fui lease remave carbon papers. Pages 1 and in any event, within 72 haurs after b CITY OR TOWN (If outs de carporate limits, LENGTH OF STAY IN 16 write RURAL and give nearest tawn) e IS RESIDENCE ON A FARM? d STREET ADDRESS NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) NO X within 3 NAME OF DECEASED (Type or print) Month Dov YENS DEATH 1960 6 COLOR OR RACE AGE (In years IF UNDER 1 YEAR **NEVER MARRIED** 6 6 Months DIVORCED WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or fute an country) during most of storking life even if retwice) INDUSTRY COUNTRY ? by the attending physician transit permit. Then please crematian, ar remaval, and 13. FATHER'S NAME Sarah WAS DECEASED EVER IN . S ARMED FORCES? 17 INFORMAN 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wer or dotes of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c) INTERVA, BETWEEN sigmed by the burial-transit purial, cremati PART I, DEATH WAS CAUSED BY: ONSET AND DEATH requires that IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a). DUE TO has been s stating the underlying couse priar ta WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? far use Health detached far us YES 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL After this 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF JURY Month, Day, Year Hour 'o.m. foctory, street, office bldg, etc.) Not While of work of work 21. I certify that (1) (this hospital) oftended the deceased from Feb. 19 67, to teb. be refained 19 67, and that death occurred at 126 M, fram causes and an the date stated above saw the deceased alive an_ DIMICTOR: 22o. SIGNATURE 22b DATE SIGNED director, page 3 shauld be filed v M D DIRECTOR 22d ADDRESS 22c. PHYSICIAN S O HOSPITAL TO IUMERAL NAME (Type) 230 BUR AL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Vfnuo)) Elkridge, Howard County, 2-8-1967 Grace Espicopal Cemetery 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) Howard H. Hubbard, 4107 Wilkens Ave. 21229 25M 1/67 DATE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

UI-961	CERTIFICATE	OF DEATH	0198	57
O. COUNTY BOLTIMORE	MARYLAND	2. USUAL RESIDENCE (Where a. STATE Mary I	deceosed lived, if institution Resident and b. COUNTY	ce before admission)
o CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lutherville	c LENGTH OF STAY IN 16	c CITY OR TOWN (If autside of City	orporate limits, write RURAL and give	,
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution (If not in hospital or institution)	oital, give street address)	d STREET ADDRESS	Bolton Street	e IS RESIDENCE ON A FARM? YES NO
3 NAME OF First DECEASED (Type or print) ANNA	Berkeley	Stevenson &	DATE Month OF DEATH L	2 / 1947
5 SEX 6 COLOR OR RACE 7. MAR Female .Vhite WIDO		Nov. 1, 1868	9 AGE (In years IF UNDER I last birthday) Months 98 yrs.	Doys Hours Min.
	OB KIND OF BUSINESS OR INDUSTRY NONE	11 BIRTHPLACE (County & State Prob. Baltim	(0)	TIZEN OF WHAT UNTRY?
13. FATHER'S NAME	RY STEVENSON	14. MOTHER'S MAIDEN NAME FANNY MADI	SON	
IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ac unknown) (If yes give war or dates of service)	N I.	NFORMANT:Dec'd. Dec'd.)hx Hin	Atty,: Address akley & Singley,	, Balto.,M
18. CAUSE OF DEATH (Enter only one couse per lir PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Precements			Sonser and DEATH
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last				
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse (c) DUE TO (c)	TING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	N GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED? YES \(\bigcap \text{ NO } \\ \end{array}
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse (c) DUE TO (c)	TING TO DEATH BUT NOT RELATED TO T OD DESCRIBE HOW INJURY OCCURRED. (•	PERFORMED?
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE 20a ACCIDENT WAS UNDERLYING TO OR CONTRIBUTION CONTRIBUT	Ob DESCRIBE HOW INJURY OCCURRED. (20d INJURY OCCURRED While Nat While of work foctor	(Enter nature of injury in Port 1	or Port II af item 18) 20f (City ar tawn) (Cal	PERFORMED? YES NO
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 20a ACCIDENT WAS UNDERLYING CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 21. I certify that (I) (this haspital) asaw the deceased alive an examiner	Ob DESCRIBE HOW INJURY OCCURRED. (20d INJURY OCCURRED While Not While of work foctors attended the deceased from	(Enter nature of injury in Port I E OF INJURY (Home, form, ary, street, affice bldg., etc.)	or Port II af item 18) 20f (City ar tawn) (Cat (C), ta FSF 3, 196 OPM, fram causes and an t	PERFORMED? YES NO (Stote) 2, that (1) (Stote) he date stated aba
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 20a ACCIDENT WAS UNDEREYING CONTRIBUTIONS CONTRIBU	Ob DESCRIBE HOW INJURY OCCURRED. (20d INJURY OCCURRED While Not While of work foctors attended the deceased from	(Enter nature of injury in Port 1 CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.) Yearth accurred at 10:11 ATTENDING MED DIRECT	or Port II of item 18) 20f (City or town) (Cot CL, ta FEL 21 , 196 CDM, fram causes and an t1	PERFORMED? YES NO (Stote)
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 20a ACCIDENT WAS UNDERLYING TO OR CONTRIBUTIONS CO	Ob DESCRIBE HOW INJURY OCCURRED. (20d INJURY OCCURRED 20e. PLAC While Nat While focto of work of wark attended the deceased fram 2/ 196-2, and that	(Enter nature of injury in Port 1 EE OF INJURY (Hame, farm, any, street, affice bldg., etc.) ATTENDING MED DIRECT 22d. ADDRESS B.	or Port II of item 18) 20f (City or town) (Cot OpM, from causes and an the country of the coun	PERFORMED? YES NO VIES NO 2, that (I) the date stated about stated about stated about stated about stated about stated about states signed.
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 20a ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTION 20 OR CONT	Ob DESCRIBE HOW INJURY OCCURRED. [20d INJURY OCCURRED While of work of	(Enter nature of injury in Port 1 EE OF INJURY (Hame, farm, any, street, affice bldg., etc.) ATTENDING MED DIRECT 22d. ADDRESS B.	or Port II of item 18) 20f (City or town) (Cot 20f (City or town) (Cot 20f (City or town) (Cot 20f (City or town) (Cot 20f (City or town) 31	PERFORMED? YES NO NO 27, that (1) (State) he date stated about stated about stated about stated about stated about stated about states signed (Caunty) (State) y 1 and

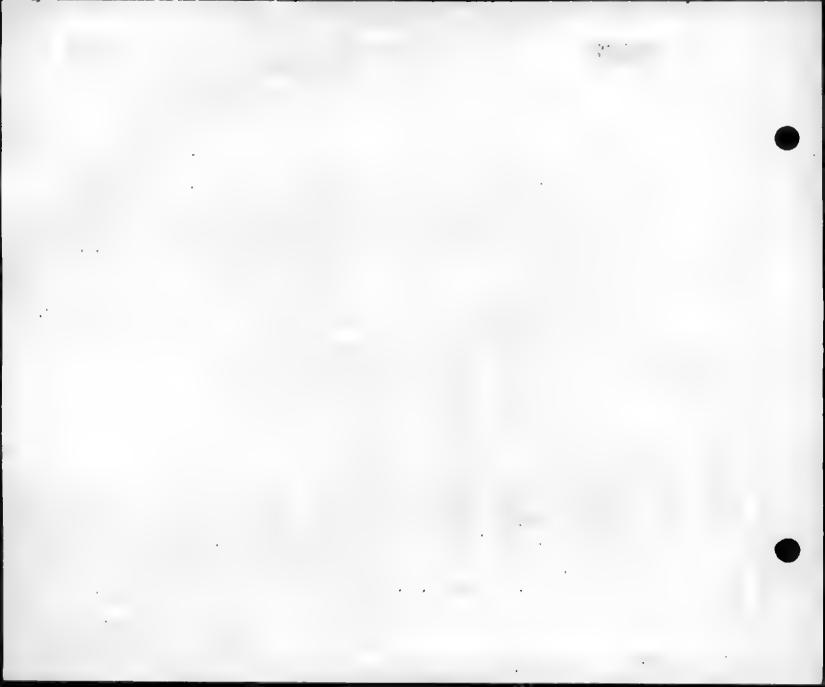
TO HOSPITAL OR ATTENDING PHYSICIAN; The faw requires that the death certificate 🔳 executed mithin 24 hours after death. physician and campletely filled in by the funeral of please remave carban papers. Poges 1 and 2 over, and a nay event, within 72 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici director, page 3 shauld be detached far use as the bunal-transit permit. Then, pleashauld be filed with the State Dept. af Health priar ta burial, cremation, ar removant Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		01962				CERTIF	ICATE	OF DEATH			019	58	
		COUNTY E	altimore			MARY	AND	2 USUAL RESIDENCE (1 0. STATE Max	Where deceose yland	d lived, if institut o b (OUN)	n Residence		ssion
		write RURA one	f outside corporate fimit give nearest town) OWERO	S,		gth of stay in 8 days	l 1b	CCHY OR TOWN (If o. Hyattsvi		limits, write RURI	AL and give n	earest tawn)
-,-			A. OR INSTITUTION (If n		-			d STREET ADDRESS 5403 North	Ave &	Jackson	St.	e IS RE	SIDENCE FARM? NO
		VAME OF DECEASED Type or print)		rst		Middle WING		lost STEWART	4. DATE OF DEATH	Month Februar		Doy	Year 9 67
	5 5		6 (OLOR OR RACE White	7 MARRIE WIDOWE		EVER MARRIED DIVORCED	[]X	9/19/19	1 9	AGE (n years	IF UNDER 1 YI		DER 24 HRS
	10a dur		(Give kind of work done		KIND OF B		_ات	11. BIRTHPLACE (County Easton, M		. , , ,		N OF WHAT	
		FATHER'S NAME	mes Stewar	t				14. MOTHER'S MAIDEN I	NAME ine Ew	ing			
	1S (Ye	WAS DECEASED EVE s, no, or unknown) (@S	R N S ARMED FORCES? (If yes give war or dotes of WW II	of service)	6 SOCIAL SI	ECURITY NO		nformant nical Rcds.	VA Ho	Address spital,F		rd, M	d.
			ATH (Enter only one con H WAS CAUSED BY. IMMEDIATE CAUSE DUE	(o) CI	4 // 4 //	ond (c)) IS OF	LIVE	R				INTERVAL E ONSET AND UNKNO	
		rise to immediate stating the under last.	lying couse DUE	(c)									
/	ATION		GNIFICANT CONDITIONS C LATERAL LOE				TED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN	IN PART 1(o)		19. WAS A. PERFOR	TOPSY RMED? NO
	CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY		20b	DESCRIBE H	OW INJURY OC	CURRED. (Enter nature of injury in I	Port I or Port I	l of item 18.)			
	MEDICAL	20c TIME OF INJU Hour on p.m	10	20d Wh		CURRED of While to work		E OF INJURY (Home, form ory, street, office bldg., etc.)		(Crty or town)	(County	1)	(Stote)
		saw the de	y that (M) (this has ceased alive an	pital) atte Feb. 2	ended the 22	deceased 1 19 <u>67</u> , a	ram nd that	Feb. 14 , 1 death accurred at	9 67 ta 10: 504,	Feb. 22 fram causes a		, that (K) date stat	(we) las ed abave
		220. SIGNATURE	10. Ja	elres	1		M.D		MED. DIRECTOR [STAFF PHYS.	22b. DATE	SIGNED 2/23	1/67
		22c. PHYSICIAN S CHAME (Type)		TALBE					al, Fo	rt Howar	d, Md.		
	I	BURIAL, CREMATION	2/257	1967	7 230 0	Pame of CEMET	2	ill	16°a	1	me	unty)	(Stote)
7		FUNERAL DIRECTOR	neral Home		V	ADDRESS E	astor	DATE E	BY REGISTRAL B 2 7 1		STRAR'S SIGN		;\A_

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by tille hospital or attending physician. VR A15 (4) 20 M 1/66 /



Telay 15 3 to

certificate shamld bis executed within 24 haurs after death

in pencil in

pending

the word

writing

cate

the certif X & WINER:

please execute

the funeral director

and

01963 PLACE OF DEATH · COUNTY Baltimore

Perry

3 NAME OF

S SEX

Male

DECEASED

Weather

b CITY OR TOWN (If outside corporate limits,

Hall

6 COLOR OR RACE

Caucasian

Analyst

d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address)

Drive

vester

10b K ND OF BUSINESS OR Aberdeen Prov.

Frst

Svl

write RURAL and a ve nearest town)

4006 Pinedale

10g USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

2, and 3 to PM3. Page 1 and 2 with the State Department of Item 18 Give Pages 1, 7 Office alang with farm

haurs after death File pages event within 72 permit bur,a -transit any 0 and 90 be used remayal, Б ta burial, crematian, priar

may be retained for your files. FUNERAL DIRECTOR: Page 3 shauld 5 may b TO FUNER Heath

Page 4 should be farwarded to the Chief Medical Exaprifier

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 8,9 Film 1221 201 No.

MARYLAND

LENGTH OF STAY IN 16

2795

Midd e

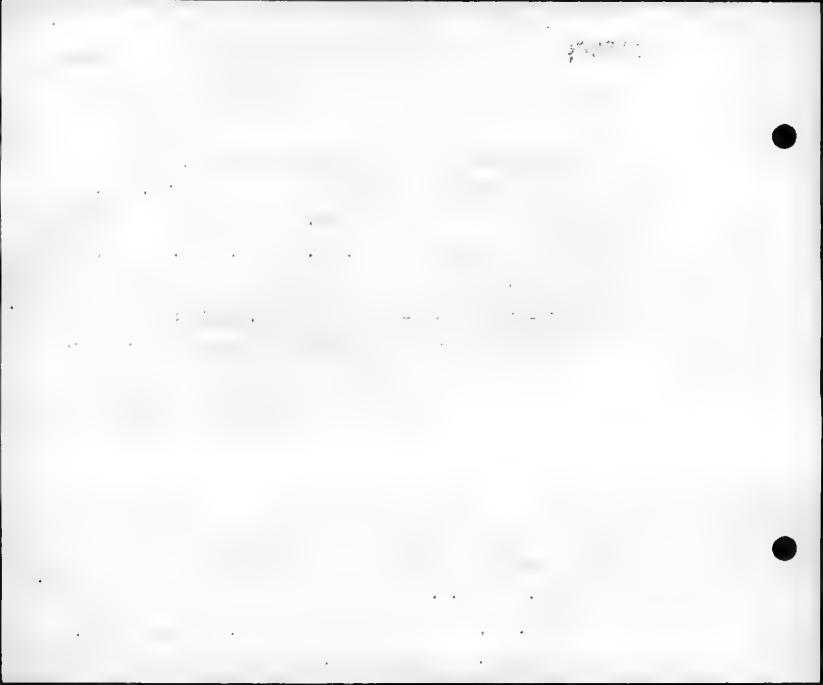
NEVER MARRIED

DIVORCED

ERTIFICATE OF I		01959
n STATE	h COUNT	
Maryland CITY OR TOWN (If outside	corporate limits write RURA	Ltimore Land give nearest town)
Perry Hall		
d STREET ADDRESS		e IS RES DENCE ON A FARM?
4006 Pined		YES NO V
	DATE Month OF	Doy Year
DATE OF BIRTH 192	QS1/DU/V1GDY]	T 19 67 IF UNDER TYEAR FUNDER 24 HRS Months Doys Hours Min
eb. 10 //921		2 CIT ZEN OF WHAT
Gr. Omaha.	Neb.	USA USA
Barbara		
formant nifred N.St	4008	Pinedale Dr.
Cardiovascu		INTERVAL BETWEEN ONSET AND BEATH
		19 WAS AUTOPSY
E TERMINAL DISEASE COND⊤G	N GIVEN N PAKI '(8)	PERFORMED? YES NO
nter noture of injury in Post I	or Port II of tern IB)	
OF INJURY (Home, farm ry, street, office bldg., etc.)	20f (City or town)	(County) (State)
de , Harn ade CHIEF MEDICAL EXAN ASSISTANT MED CA. I	Undetermined maintainer	ry, ond in my apiniai nner -7-67 22. DATE SIGNED Belair Rd.
	town or county) Over	

13 FATHER'S NAME Martin Stillmock IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 IN (Yes, no, or unknown) (If yes give war or dates of service) PART I DEATH WAS CAUSED BY neuma .MMEDIATE CAUSE (o) 416X DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), **DUE TO** storing the underlying couse [c] PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CERTIFICATION 20o EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (E PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d NURY OCCURRED 20e PLACE Hour a.m facto While Not While ot work of work 21 I certify that I taak charge of the remains described above help death resulted fram Natural causes ACTUAL SIGNATURE **EXAMINER'S** .Hyle J NAME Type) ønn 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (City of Town) BUR A' CREMAT (County) REMOVAL (Specify)
Burial Catonsvil Baltimore National Cem 24 FUNERAL DIRECTOR REC D BY REGISTRAR 196 Brothers Inc. 7110 Belair Rd.

VR A15ME (5)_A 6M 1/67

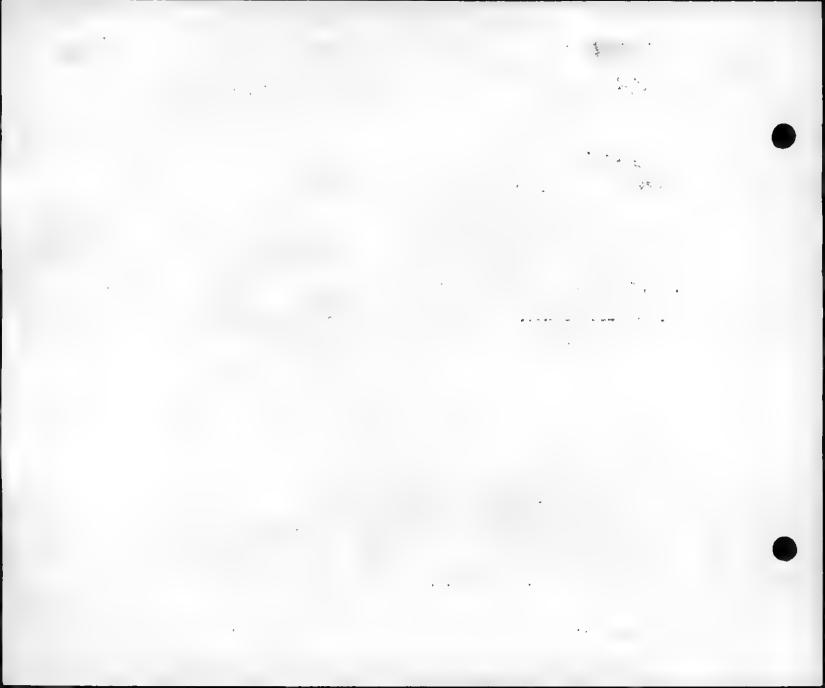


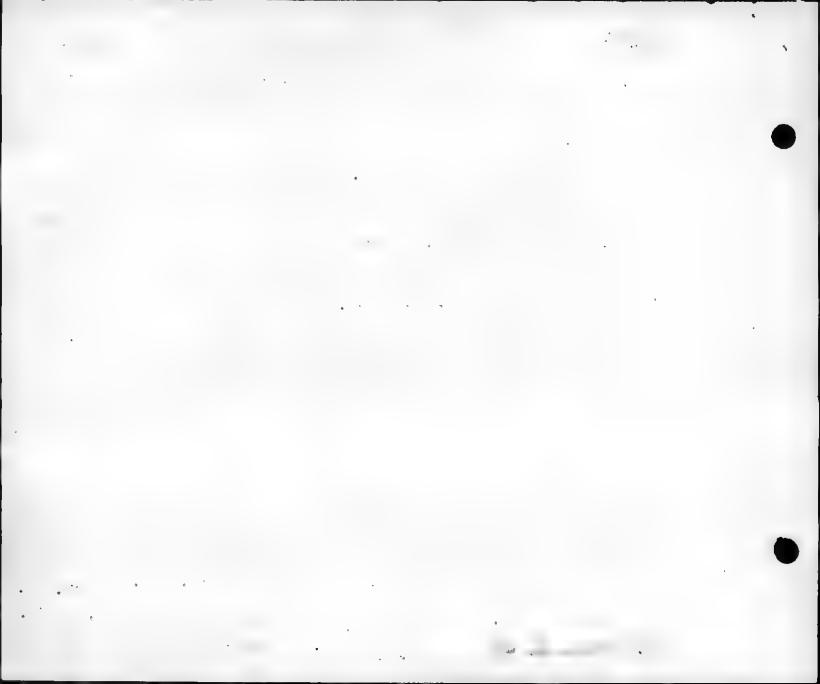
TO DEPUTY

VR A15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL DECORDS 201 W DESCION STREET BALTIMORE MARYLAND 21201

		01964	MEDICAL EVARAINED'S	CERTIFICATE OF DEATH	
1		PLACE OF DEATH	44,-1111111300-5/1	2 USUAL RESIDENCE (Where deceased I ve	d, f institution. Residence before admission)
		Baltimore	MARYLAND	o STATE Maryland	b. COUNTY Baltimore
X		b CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside carparate limi	ts, write RJRAL and a ve nearest fown)
		write RURAL and give nearest tawn)	3 YEARS	Towson-rural	
	_	Towson-rural d NAME OF HOSPITAL OR INSTITUTION (If not in hi		d. STREET ADDRESS	e IS RESIDENCE
		Greater Baltimore Me	, ,	924 Starbit Rd	ON A FARM? YES \(\sum \) NO \(\sum \)
1		NAME OF First	Middle	Lost 4 DATE	Manth Day Year
ı		DECEASED (Type or print) Charle	es Dawcan Str	awbridge DEATH	2 18 19 67
	5 5	911422		B. DATE OF BIRTH 9 AGE	In years IF UNDER 1 YEAR IF UNDER 24 HRS
		male white W	DOWED DIVORCED	JUNE 29 1963 3 4	birthday) Manths Days Haurs Min
J	10a	USUAL OCCUPATION (Give kind of work done	10b KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT
	dJrı	ng most of working life, even fretired) NEVER EMPLOYED	INDUSTRY None	MASHINGTON.	D. C. COUNTRY Q
- 1		FATHER S NAME		14 MOTHER'S MAIDEN NAME	
- 1	ĺ	F NEUSON ST	TRAW BRIDGE	CONSTANCE	BOULE
		WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17 1	NFORMANT	Address
	(Ye	s, no or unknown) (If yes give war or dates af servi	NONE F.	NEILSON STRAWB	RIDGE SAME AS 2-D
		18. CAUSE OF DEATH (Enter only one cause per		TOPICSON S. C. COL	NTERVAL BETWEEN
		PART L DEATH WAS CAUSED BY	Subdural hemo	nrrhaga	ONSET AND DEATH
		IMMEDIATE CAUSE (a) DUE TO	Danda of 10 iii	72.2.12mgU	
		Conditions, if ony, which gave) (b)			
		rise ta immediate couse (o),	·		
-		stating the underlying cause (c)			
		PART II OTHER SIGNIFICANT CONDITIONS CONTRIE	TING TO DEATH BUT NOT PELATED TO 1	THE TERMINAL DISEASE CONDITION CIVEN IN P	ART 1(a) 19. WAS AUTOPSY
	CAL CERTIFICATION	TAKE OF STORMER CONDITIONS CONTROL	SOUND TO BEATH SOUNDS RELATED TO	THE TEXTHOLOGY DIVERS IN T	PERFORMED? YES TE NO
	S.	200 FYTERNAL CARESE WAS	30% DESCRIPE HOW MILIPY OCCUPRED	(Enter nature of injury in Part I ar Part II af	
	FRE	200 EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING		1 1	
	3	CAUSE OF DEATH		or high stool on 2-	
	WED:(20c TIME OF INJURY Manth, Day, Year Haur RR 2-12- 19 67	While Not While I fact	ary stroot office blde atcl	
2	-	P.HIL.		113451134	nore Baltimore Md.
		_], Inquity [], and in my apinian
		death resulted fram Natural cau	ses Accident X. Suic		rmined manner
		ACTUAL MODELLO		CHIEF MEDICAL EXAMINER	22. DATE SIGNED
		SIGNATURE DE VIVEL M.C	7~	M D ASSISTANT MEDICAL EXAMINER	
1		EXAMINER'S Werner U. Spit:	zk M.D.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or cau	2/19/67
1	23n	BUR.AL, CREMATION. 23b DATE THEREOF	23c NAME OF CEMPTERY ORN		(County) (State)
	13.	REMOVAL (SOLUT) 2-20			MORE MARYLAND
			C KERMOON!		Links Tille Letton
1	. 24	FUNERAL DIRECTOR	1050 YORK ROA	2Sa. REC'D BY REGISTRAR	25b REGISTRAR'S SIGNATURE





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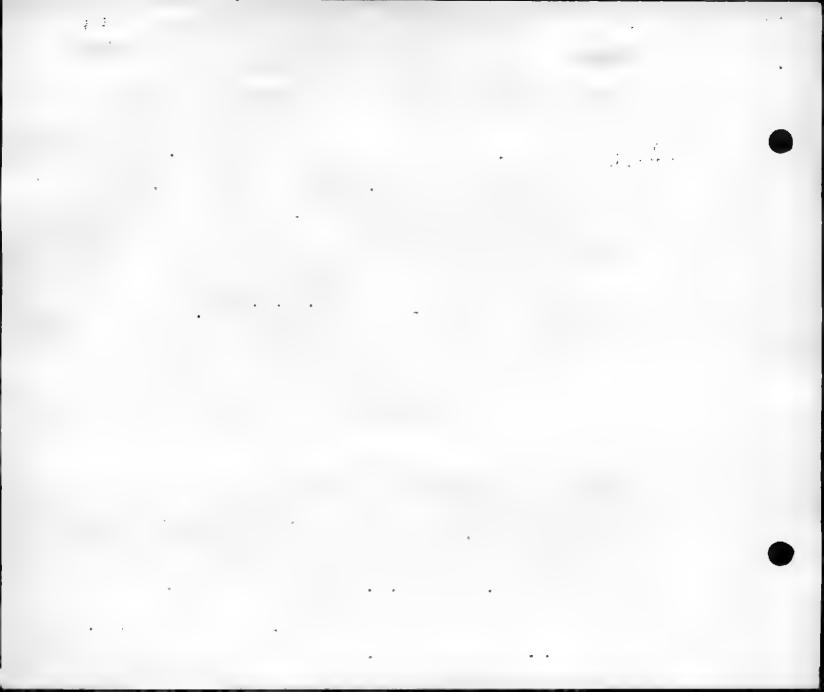
offeeding physician and campletely filled in by the funeral popular, then please remave carban papers. Pages 1 and 2 an, at removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the aftered director, page 3 shauld be detached far use as the burial-transit permit shauld be filed with the State Dept. of Heolth priar ta burial, crematian, art

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0196	6		CERTIFICAT	E OF DEATH			019	62	
PLACE OF DEAT o. COUNTY Baltin	ore		MARYLAND	2 USUAL RESIDENCE o. STATE Maryland	·	ь cou Ba.	INTY Ltimore		
write RURAL Catonsv	N (f outside corporate limit and give neorest town) 111e	5,	c LENGTH OF STAY IN 16	Catonsv		te limits, write RE	RAL and give n		
	PITAL OR INSTITUTION (If no orehead Rd	, -,	give street address)	d street address 6010 Mo	orehead	i Rd.		e IS RESIDEN ON A FARM YES NO	MS_
3 NAME OF DECEASED (Type or print)		rst	Middle T.	lost Strehlau	4 DATE OF DEATH	Feb.	oth 6	Doy Year	
S SEX	6. COLOR OR RACE Wh	7. MARRIED . WIDOWED		8 DATE OF BIRTH 7-12-94		AGE (In years last birthdoy)	IF UNDER 1 Y	EAR IF UNDER 24	1 HR Min
	ION (Give kind of work done ing ite, even if retired) red		ND OF BUSINESS OR DUSTRY) BIRTHPLACE (Cour	,	reign country)		EN OF WHAT	
13. FATHER'S NAME	Frederick S	strehla	u	14. MOTHER'S MAIDE Nelli	N NAME	er			
IS WAS DECEASED (Yes, no, or unknow	EVER IN U.S. ARMED FORCES? n) (If yes give wor or dotes	of service) 16.	social security no. 17 5-03-4799A	Mrs. Wm. T	. Streh	lau Addi	ress		
PART I D 44 3 Conditions, if o	DUE πγ, which gove	(o) Hyp	(c), (b), and (c)) ertensive Car	dio-vascula	r Disea	<u>.56</u>		INTERVAL BETWE ONSET AND DEAT UNKNOVID	TH
S S S S S S S S S S S S S S S S S S S			TO DEATH BUT NOT RELATED TO					19 WAS AUTOPS PERFORMED? YES NO	
OR CONTRIBUTE (IF EITHER, NOT	WAS UNDER YING □ NG □ CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b DE	SCRIBE HOW INJURY OCCURRED	(Enter noture of fijury	in Part I or Par	t II ot item 18)			
20c TIME OF I	NJURY Month, Doy, Year o.m. 19	20d II While	Not While fo	ACE OF INJURY (Home, forctory, street, office bldg , e		(City or town)	((aunt	Y) (Sto	te)
	deceased alive an-		ded the deceased fram_ 19_67_, and th	at death accurred	ot 4:10AN	a Feb. 6 I, from causes STAFF PHYS.	, 19 <u>67</u> and on the 22b. DATE 2/6/	date stated a	i) I ibo
22c. PHYSICIA NAME (Ty		J. Gs	ver, M. D.	22d. ADDRESS	Low Hil				
230 BUR AL, (REM/ REMOVAL (Sae	AT ON, 236 DATE TH		23c NAME OF CEMETERY OF New Cathe		23d. to	CATION (CHy or To Baltimo:	,	,,	e)
24. FUNERAL DIRE		Ol Edmo	address ondson Ave.		EB 8		FGISTRAR'S SIGN		

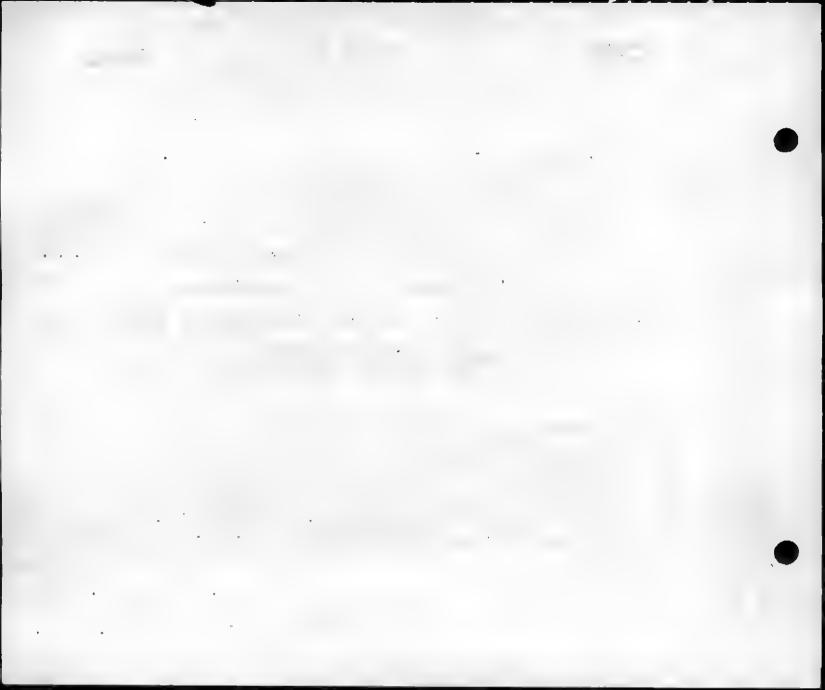


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01967			CERT	IFICATE	OF DEATH			1196	3
1	PLACE OF DEATH O COUNTY Bal	timore		MA	RYLAND	2 USUAL RESIDENCE **Maryland		ed lived, if institution b. COUNT		pefore admission)
	b. CTY OR TOWN (I write RURAL and	f outside corporate limit: Lave nearest town)	a	c LENGTH OF STAT	(IN 1b	c CITY OR TOWN (IF Baltin	autside carpara	te mits, write RUR/ 1206	Al and give re	earest town)
		at or institution (if no Joseph Ho		give street oddress)		d street address 4304 W	llshir	e Ave.		e 5 RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or poort)	Agne		Middle Mad el i	ne	lest Strocker	4 DATE OF DEATH	Month February		Day Year 7 19 67
5	SEX Female	6 COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARR		9/8/9		AGE (n years last b rthday)	IF UNDER 1 YE	AR 15 UNDER 24 HRS dys Hours Min
	o USUAL OCCUPATION Uring most of working HOMEMAL	(Give kind of work done life, even if retired)	1Db. K	IND OF BUSINESS OR HOUSTRY	fe	Baltime	ty & State, or fa	reign country)	12 CITIZE COUNT	N OF WHAT
F	3. FATHER'S NAME	William W				14. MOTHER'S MAIDE				
1 (S. WAS DECEASED EVE (es, no. or unknown) NO	R IN U.S. ARMED FORCES? (If yes give war or dates o	service	SOCIAL SECURITY NO.		nformant r ^H enry Sti		Addres		Avenue 6
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Carcinomatosis generalized A									
NOIL	PART II OTHER SH	GNIFICANT CONDITIONS C		TO DEATH BUT NOT R		HE TERMINAL DISEASE C	ondition give	N IN PART I(a)		PERFORMED? YES NO
CEPTIFICATION	I HE EDITIES, NOTHER					Enter nature of injury (n Part I or Par	t II of item 18)		
MEDICAL		n. 19	While at wor	rk 🗀 at wark 🗀] facto	E OF INJURY (Hame, fa ary, street, office bldg , e	(c.)	(City ar town)	(County	· ·
	saw the di	fy that (I) (this has eceased alway on $\frac{1}{2}$	pital) atten eb • 7	ided the decease	d from , and that	death accurred	19.67, t	aFeb/ i,i.fram causes o	and on the	, that (I) (we) last date stated above
	220. SIGNATURE	Fact ha	an 1	20	M. C	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE	SIGNED
1	22c PHYSICIAN'S NAME (Type						Baltimor		21,204	
2	BURIAL CREMATIC PEMOVAL (Specify			23c. NAME OF CE	_		1 .	CATION (City or Tow	rn) (Co	unty) (State)
	FUNERAL DIRECTO		Heres	ADDRESS 1 HO L Pala	. 3 n/Re		C'D BY REGISTE		SISTRAR'S SIGN	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low equires that the denth certificate be executed within 21 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending mayardan and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then place remove carbon papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in ony event, within 72 hours after death Poge 4 may be retained by the hospitol or ottending physician.

VR A15 (4) 20 M 1/66



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certilicate be emecated mithin 24 llours after limith.

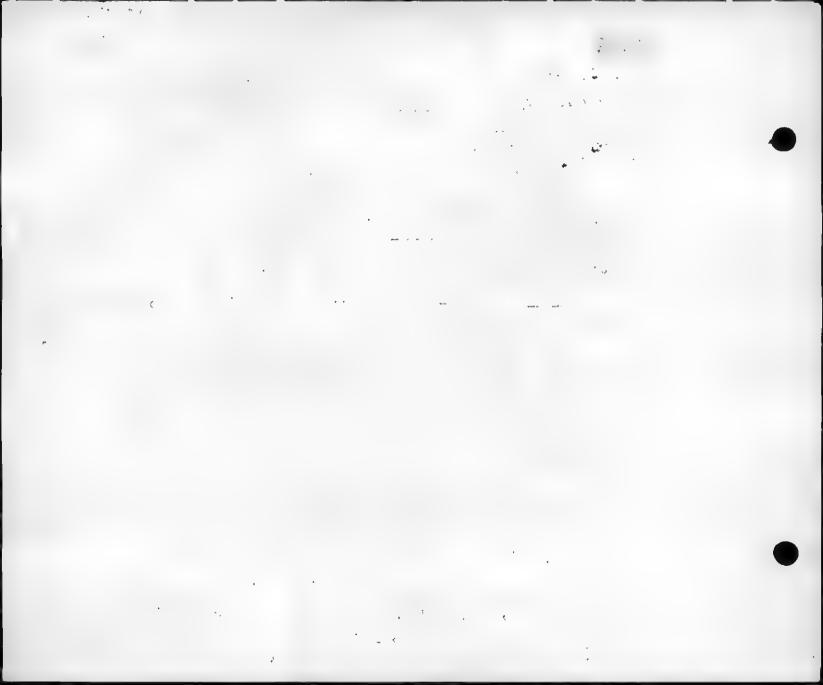
Prige 4 may be retained by the hospital or attending physician.

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MADVIAND STATE DEDADTMENT OF HEALTH

		DIVISIO	N OF STATISTICA	L RESEA	RCH AND REC	ORDS	, 301 W. PRESTO	N STREET	BALTIMOR	E 1, MAI	RYLAN	D
١	1	11988			CERTIFI	CATI	OF DEATH			019	164	
	1. P	LACE OF DEAT			MARY	LAND	a. STATE		b. COUNTY			re admission)
	/Fo	CITY OR TOW	N (if outside corporate						rate limits, write	RURAL and	d give ne	arest town)
	F8	PH488446	Heigh Wang	dif not in ho	spital, give street a	ddress)	d. STREET ADDRESS				e. IS	RESIDENCE A FARM?
1	Ir	ngelside	& Edmondson	n Ave			111 Gwynnb:	rook Av	enue		YES	NO 🗌
	0	DECEASED	Maryenna		Middle	Szy	Last mb orski	4. DATE OF DEATH	Month Februar			Year 1967
	5. S	EX	6. COLOR OR RACE 7	. MARRIED	NEVER MARRIE		. DATE OF BIRTH	9.	AGE (In years IF	UNDER 1 Y	EAR IF U!	
	\mathbf{F}_{ϵ}	emale	White	_			March 27 18	87 7	9 yrs.	on this Da	lys Ho	urs Min.
	10a. l durin	USUAL OCCUPAT g most of work House	ION (Give kind of work doing Jife, even if retired)	one 10b. Kil					r fereign country)	COUN	NTRY?	HAT
	13.	FATHER'S NAM	IE.				14. MOTHER'S MAID	EN NAME				
		Jo	ohn Przyboro	wski			Anna	UNK				
	15. V	WAS DECEASED	EVER IN U.S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO). 17.	INFORMANT		Address			
	(1624)	NO or carrown)	(11 Ass dide may at outset of 2	21.8	8-10-3027E	3 Ma	rie Urbansk	i 31 N	Montford	Ave	nue	
	1	18. CAUSE OF	DEATH (Enter only one	cause per lin	ne for (a), (b), and (c	:).]					NTERVAL	BETWEEN
		PART I. D	EATH WAS CAUSED BY:	17	80 M X	Mest	A MAMIRE	YNEn	DOFFIL		UNSEI A	ND DEATH
		' /	,			7	Charles to the state of the sta		distribute of the second			
			any, which)	n	-a.v.n	8-	nuc my	1/1111/	P. n. Que	1-		
			Immediate (7		
	1		a last	:)								
, ,	ICATION	PART II. OTHER	SIGNIFICANTCONDITION	SCONTRIBUT	FING TO DEATH BUT I	NOT RELA	TED TO THE TERMINAL D	DISEASE CONDI	TION GIVEN IN PA	RT 1(a)	19. WA: PER YES	S AUTOPSY FORMED?
		20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING THE CAUSE OF DEATH THE MEDICAL EXAMINE	20b. D	ESCRIBE HOW INJU	RY OCCU	RRED. (Enter nature of	injury in Pari	l or Part II of I	tem 18.)		
	TEDICAL	Hour a.	ท.	While	Not While				lty or town)	(County	y)	(State)
						rom	57// 10	97 / to	2/10	1967	, that (i) (we) last
				- /	4			, ,	the causes ar	d on the	*	
	7			11						22b. DATI	E SIGNED	
	-			1111	/	M.D	. PHYS	MED. DIRECTOR	PHYS.	2/20	167	
b. CITY OR TOWN (If obtaide corporate limits). LENGTH OF STAN IN ID DESCRIPTION OF TOWN (If obtaide corporate limits). LENGTH OF STAN IN ID FAMERIA DESCRIPTION OF STAN IN ID FAMERIA DESCRIPTION OF STAN IN ID FAMERIA DESCRIPTION OF STAN IN ID FAMERIA DESCRIPTION OF STAN IN ID FAMERIA DESCRIPTION OF STAN IN ID OWNERS INCREDED TO THE STAN IN ID FOR TOWN (If obtaide corporate limits), write RURAL and give neares Own if C. CITY OR TOWN (If obtaide corporate limits), write RURAL and give neares Own if Own in ID Own IN ID OWN II OWN												
Life of Death 2. DUSAL RESIDENCE (Where decased line, if institution: Residence before as . STATE 2. DUSAL RESIDENCE (Where decased line), if institution: Residence before as . STATE 2. STAT			(State) Md									
0		FUNERAL DIR	ECTOR	7.0	ADDRESS			D BY REGIST	RAR 25b. REG	ISTRAR'S S	SIGNATUR	RE
	1	The Dipp	el Brothers	Inc 18	SUU E Lomb	ard	Street DATE F	EB 23	1967	48 Com 1	· •	22.

5 (4) 1/65 AL5



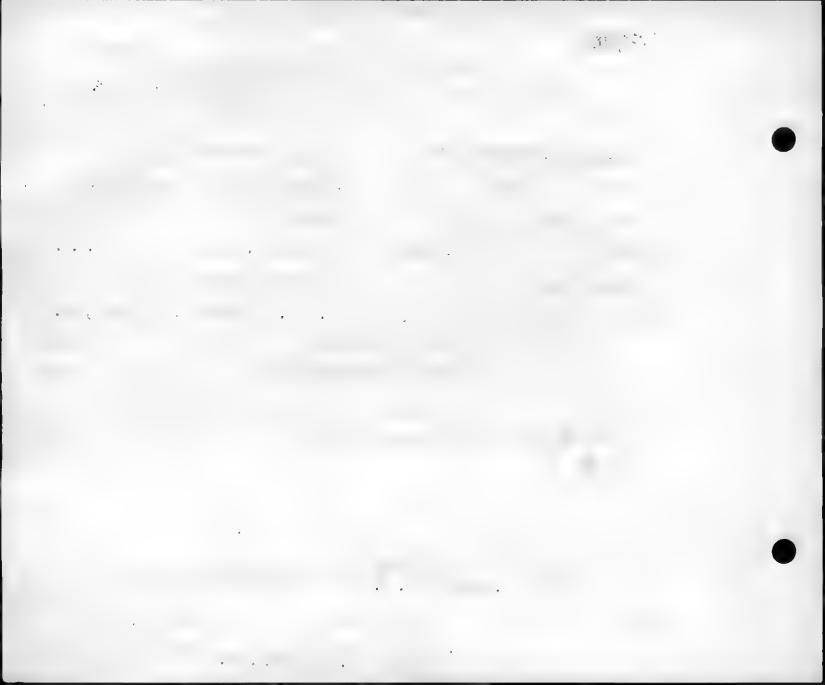
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		0196	9		CERTIFICATE	OF DEATH		01	1965	
		a COUNTY	LIVIMORE		MARYLAND	2 USUAL RESIDENCE (NO STATE MA	Where deceosed lived		: Residence befo	re odmission)
	ŀ	FORT HOY	f outside corporate limit Laive nearest tawn) IARD	S, C.	LENGTH OF STAY IN 16 5 DAYS	c CITY OR TOWN (If ou		s, write RURAI	and give neare	(nwot te
7	(d STREET ADDRESS 1816 SUT	TON AVEN	UE		e IS RESIDENCE ON A FARM? YES NO
	- 1	DECEASED			Middle WALTER	Lost PAVENNER	4 DATE IIIF DEATH	Month FFBRUA	RY 13	y Year 19 67
)	5 :		6 COLOR OR RACE WHITTE	7 MARRIED X		B DATE OF BIRTH	9. AGE (lost		F UNDER 1 YEAR Months Doys	IF UNDER 24 MRS. Hours Min
	duri	USUAL OCCUPATION ing most of working VELLOER	(Give kind of work done	10b KIND (INDLS RA	OF BUSINESS OR TRY TLROAD	DETAPLANE 14. MOTHER'S MAIDEN	& State, or fore gn co	* *	12 CITIZEN C	PF WHAT
	15 (Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	of service)		WILLAMENA INFORMANT IN. REC. VA		Address	OWARD,	MD.
		18 CAUSE OF DI PART I DEA	TH WAS CAUSED BY IMMEDIATE CAUSE	se per line for (a) PULMC		NOI				TERVAL BETWEEN
		Conditions, if ony use to immediat	which gove) e couse (o),	(b) INFEC	TED CARDIAC	ANEURYSM			V	VEEKS
A. C. spane	CATION	ARTER	IOSCLEROTIO	HEART I	ISEASE, YEAF	S		.,,		WAS AUTOPSY PERFORMED? YES NO
	MEDICAL CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH		BE HOW INJURY OCCURRED	(Enter noture of injury in				
	MEDICA	Hour o.r	n. n. 19	While of work	Not While foot	CE OF NJURY (Home, farm lary, street, office bldg, etc.)		or town)	(County)	(State)
		saw the di	fy that ₮) (this has eceased alive on_	pital) attended 2/13/67	the deceased from 2 19 and the	death accurred of		(auses ar	nd an the do	
			Nex	The 1	Salx 1/1	AT JANDING PRIVS	D-RECTOR L	TAFF PHYS 🔀	22b. DATES G 2/13	NED 3/67
1		BAIT IMORE b (ITY OR TOWN (f outside corporate limits, write Rural and give nearest town) FORT HOWARD d. NAME OF HOSPITA. OR INSTITUTION (H not in hospit VETERANS ADMINISTRATION) NAME OF DECEASED (Type or print) SEX 6 (OLOR OR RACE 7 MARRI MIDON (Give kind of work done ing most of working life, even if retired) WEIDER FATHER'S NAME AIDOLF PAVENNER WAS DECEASED FOR RIVE IN U.S. ARMED FORCES? INTO IT OF UNITY OF TAVEN OR INMEDIATE CAUSE (a) SIND, or unknown) (Iff yes give wor or dotes of service) YES WW I 18 CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS (AUSED BY IMMEDIATE CAUSE (b) Stoting the underlying couse (c) stoting the underlying couse (c) PART II OTHER SIGNIFICANT (ONDIT ONS CONTRIBUTING ARTERTOSCIEROTIC HEAD 200 ACCIDENT WAS UNDER YING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 201 IN CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 202 TIME OF INJURY MONTH, Doy, YEOR HOUR O.M. P.M. 21. 1 certify that (A) (this haspital) and saw the deceased alive on 2/13, 220. SIGNATURE 222. PHYSICIAN S NAME (Type) SHEIDON E. KA) BURIAL, CREMATION, REMOVAL (Specify) BURIAL, CREMATION, 23D DATE THEREOF 2=16=67 I FUNERAL DIRECTOR				van For				
		DECLASED SEX MALE OF COLOR OR RACE OF COLOR OR RACE OF ALTHOUSE MALE OF COLOR OR RACE OF MARR OF COLOR OR RACE OF MARR OF COLOR OR RACE OF MARR OF COLOR OR RACE OF MARR OF COLOR OR RACE OF MARR OF COLOR OR RACE OF MARR OF COLOR OR RACE OF MARR OF COLOR OR RACE OF MARR OF COLOR OR RACE OF MARR OF COLOR OR RACE OF MARR OF COLOR OR RACE OF MARR OF COLOR OR RACE OF MARR OF COLOR OR RACE OF MARR			BALTIMORE NA	TIONAL		MORE,	MARYLA	ND
T	24	FUNERAL DIRECTO	R HO	WARD H.	HUBBARD FUNE	RAL HOME RECT	By registrar		Clarles	

WILKINS AVE.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

10 ILLEGIAL DIRECTOR: After this certificate has been signal by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the bur al-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death.



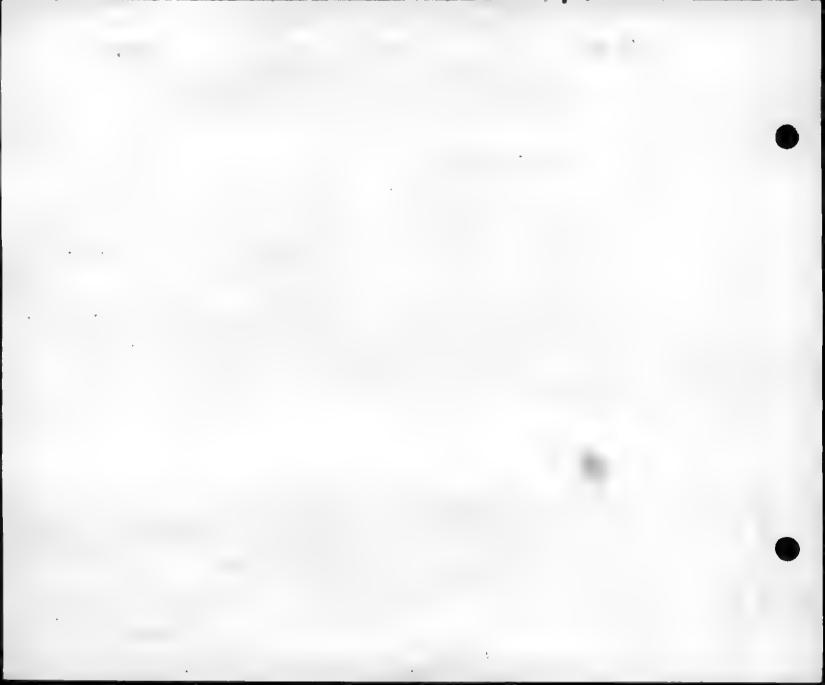
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending play can and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban popers Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death catificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01070

OTDIO			CERTIFICAT	E OF DEAT	11		0130i)	
1 PLACE OF DEATH					NCE (Where d	eceased lived, if insti		a befare admis	sian) /
a. COUNTY	BALTIMORE		MARYLAND	o. STATE	ARYLAN	b. CO	UNTY		~
b CITY OR TOWN (I	If auts de corparate limits,		C. LENGTH OF STAY IN 16			rparate limits, write l	URAL and give	nearest tawn)	
FORT HO	d give nearest tawn)		78 DAYS		BALTIN	ORE			
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		DOWED [D VORCED	JUNE 6.	1898	Ipst-birthday)	Manths	Days Haurs	. Min
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	K TAYLOR	16.50	OCIAL SECURITY NO. 17	INFORMANT	MARGA		dress		
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stating the under	rlying couse (c)								
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			ed the deceased fram_	11/16/66	, 19	_, ta_ 2/2/6	7, 19	, that XIX	c(we) las
	eceased alive on2	/2/6	719, and the	at death accurre	d at 8: 3	35AMram cause			ed abave
22a. SIGNATURE	, , (,)	, 4		ATTENDING	MED	STAFF		TE SIGNED /2/67	
TO SUPERIORIES	D. Jak	MAN.	, N	D. PHYS 22d. ADDRES	DIRECTI	OR L PHYS			
22c. PHYSKIAN'S NAME (Type)	JOHN D. TA	LBERT	, M. D.			HOWARD, N	ARYLAN	D	
23a. BURIAL, CREMATIC			23c NAME OF CEMETERY OR	CREMATORY	230	l. EOCATION (City or	Town) ((Caunty)	(State)
REMOVAL (Specify)			LOUDEN PAR	K NATTONA	I. 1	BALTIMORE	MARYT	AND	
24 FUNERAL DIRECTO	R	1	ADDRESS	250.	. REC'D BY RE	GISTRAR 2Sb	REGISTRAR'S SIG	GNATURE	
Jasepel	n zannens	17 "	JOSEPH N. ZAN	NINO FUNE	KAL HO	8.8 19	67 20	harles	Judy
	//		2) / S. CONKLI	NC ST. BA	HHIMOR	5, PD.		X.	11 6



MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE HEALTH DEPT.

delay

ond PM3

in Item 18 Give Poges

within

This cert ficate should be executed

word 'pending" the Chief Medical

writing the word

necessary, please execute the certificate,

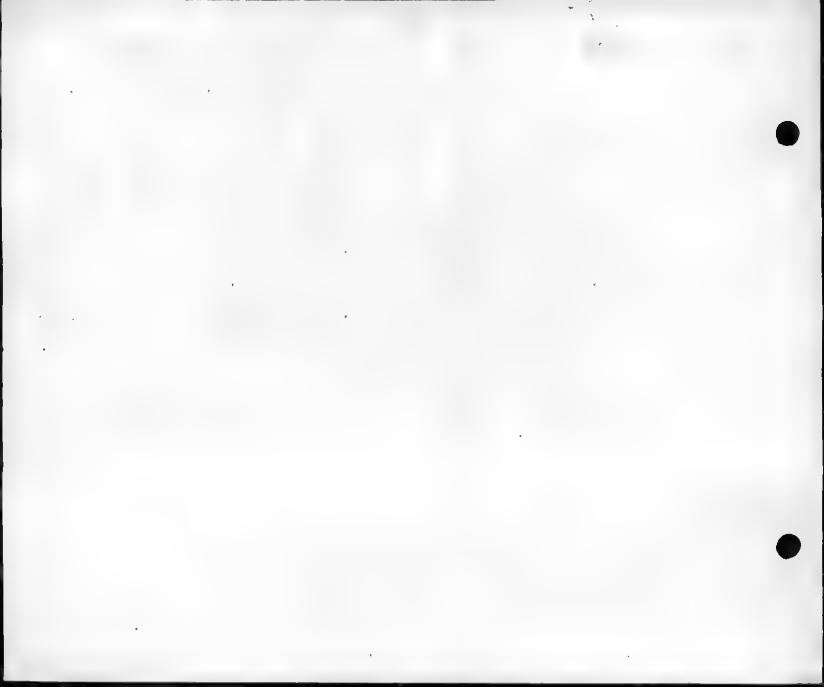
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forworded ta 4 should Poge the funerol director.

ОПУ pag In o and cremation, or removal, 2 prior 3 shauld ogent, may be retained for your FUNERAL DIRECTOR: Page designated 0 TO FUN. Health o

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b COUNTY Baltimore Md. Balto. MARYLAND CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negres) towns Reisterstown Reisterstown d NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Box 86 Dover Road Box 86 Dover Road YES NO 3 NAME OF Erst Middle 4 DATE Month DECEASED George A. Towsend February 22. 19 67 (Type or print) DEATH 5 SEX 6 COLOR OR RACE F LINDER 1 YEAR 7 MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS NEVER MARR ED last birthday) Male White W.DOWED DIVORCED Oct. 8. 1897 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT MDJSTRY Elettric Co. during most of working to even if retired).
Retired from Baltimore Gas & COUNTRY Baltimore City 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME John M. Towsend Mary E. Belt 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no ar unknawn) (Lives a very very ar dates at service) 212-05-6715 Mr. J. Melville Towsend Baltimore, Md. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH Coronary Insufficiency IMMEDIATE CAUSE (a) 4.301 DUE TO Canditians, if any, which gove rise to immediate couse (o), DUE TO stating the underlying cause PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS A JTOPSY PERFORMED? Hypertensive C-V Disease w/ Mitral Murmur; Prastatic Hypertrophy NO 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part I of item 18) PR.MARY OF CONTRIBUTING CAUSE OF DEATH. none 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) Not While at work at work none 21. 1 certify that I taak charge of the remains described above, held an Autopsy [1]. inspect on X inquiry X, and in my opin on Natural couses (3). Accident (1) death resulted from Su cide Hamicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CA. EXAMINER 2-23-67 DEPUTY MEDICAL EXAMINER X D. D. Caples, M. D. 6 Hanover A Rd of Street Strown, Md. NAME (Type) 23b DATE THEREOF 230 BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Pleasant Grove Boring , Md. 24 FUNERAL DIRECTOR ADDRESS 2Sq RECD BY REG STRAR 25b REGISTRAR'S SIGNATURE J. F. Eline & Sons Reisterstown, Md.

VR A15ME (5) 684 1766

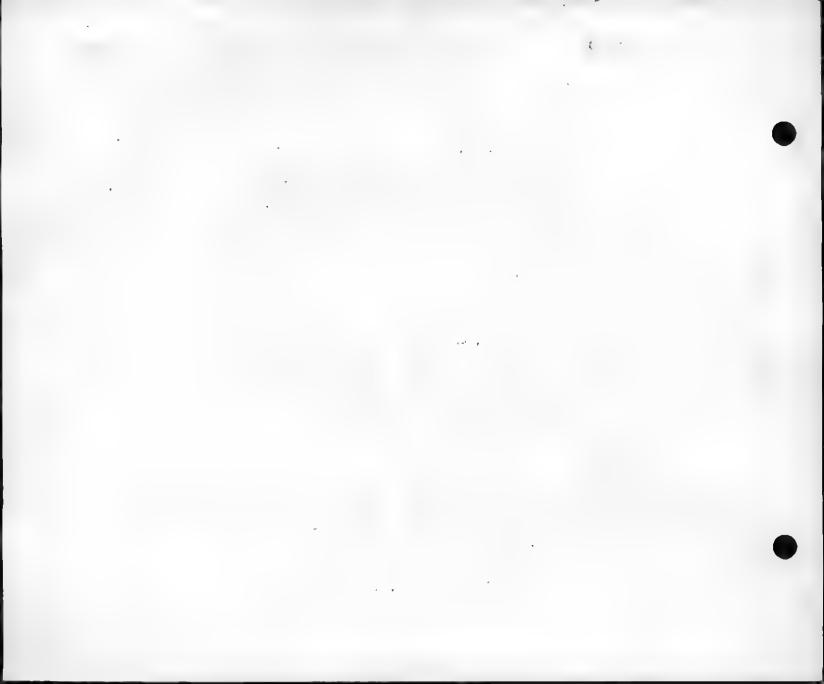


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: ence before admission) a. COUNTA Pages 1 b. COUNTY ALTIMORE MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. C. LENCTH OF STAY IN 1b write RURAL and give nearest town) oon papers. Pag within 72 hours GARRISON TOWSON filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? HOME NO R URSING YES mertificate be executed mithin completely carbon Month NAME OF Middle Last DATE Day Year First DECEASED OF event. DEATH -0 19 (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 6. COLOR OR RACE JL 8. 9. NEVER MARRIED remove 7. MARRIED ast birthday) Months yrs. Hours Days any and WIDOWED TO DIVORCED [attending physician a ermit. Then please re and in 10a. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? DODGE IOWA USA HOUSE WI OWN OME 13. FATHER'S NAME MOTHER'S MAIDEN NAME CONNOLE DANIEL FITZPATRICK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address has been signed by the aften as the burial-transit permit. prior to burial, cremation, or (Yes, no, or unknwn) I (If yes nive war or dates of servi HELEN ZELL INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the ONSET AND DEATH PART I, DEATH WAS CAUSED BY: ini inter the hospital or attending physician. IMMEDIATE CAUSE (8 DUE TO Conditions, if any, which (b) rise to immediate DUE TO cause (a), stating underlying cause last this certificate had detached for use a e Dept. of Health p PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICAT YES . NO T PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ()
OR CONTRIBUTING () CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAL (State) TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 1 206, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) DIRECTOR: After that age 3 should be det filed with the State D factory, street, officebldg., etc.) Hour a.m. MEDI Not While While Page 4 may be retained by p.m. 19 at work at work 1967 to 19 6 7. that (I) (we) last 21. i certify that (1) (this hospital) attended the deceased from and that death occurred at 3 20 PM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SICNATURE O FUNERAL DIRE director, page 3 should be filed v STAFF MED DIRECTOR M.D. PHYS. PHYS. PHYSICIAN'S ADDRESS 22c. NAME (Type) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 2 Burial Monte Maria Bal to OWSON 24. FUNERAL DIRECTOR Sons Jenkins 80 Co. York VR A15 (4) Baltimore 12 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR ST	ATERR		01973	MEDIC	CAL EXAMINER'S	CERTIFICATE OF	DEATH	_0196	39
HEALTH	DEPT.		PLACE OF DEATH			2 USUAL RESIDENCE (Whe			efore admission)
is to ag	The State Department of		Baltimore		MARYLAND	o. STATE Maryl.	and .	OUNTY Baltin	more
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y delc 2, and PM3	+		write RURAL and give nearest town)	2/0	157KS	Runal	- RoseOAL	E	
ENA	par	-	HAME OF HOSPITAL OR INSTITUTION (If no	f in hospital, give		d STREET ADDRESS		alto. 6	e IS RESIDENCE
# - E	å (613 Patapsco				atapsco Ave		ON A FARM?
haurs after death Item 18. Give Pages Office along with far	g (a)	3	NAME OF Fire		Middle	*			Doy Year
ded V T	Ses		DECEASED		ELIZABETH	TROVINGER	OF	*	
after death B. Give Page along with I	2	5		7 MARRIED 5		B DATE OF B RTH	9 AGE (n vents	E UNDER LYE	
9. 6 90	with h.			W DOWED	DIVORGED	Dec. 27, 1916	last birthday)) Months Da	
haurs Item 18 Office	d2 eat	_	Temale White USUAL OCCUPATION (Give kind of work done		OF BUS NESS OR	11 BIRTHPLACE (State or	50 yrs		N OF WHAT
he liter	lar er d	dur	ng most of working life, everyif retired)	INDU		North Ca		COUNT	RY?
24 In l	pages land2 Jrs after deatl	12	FATHER'S NAME			14 MOTHER'S MAIDEN NAM			SA.
with n pencil	paç	13	Joseph S.	11-1-1	^	_	4.5		
	File ; 2 hau	10				FRANCES	Harweep		
executed anding" in Medical E	transit permit File pages Land2 w event within 72 haurs after death.	(y∈	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no_prunknown) (If yes give wor or dates at	f consista M	l A.	INFORMANT		ddress D. J	. 1
e executed pending" ii ef Medical	permit within 72		NO	340		naules L. Ino	uluger 61	13 later	
exe f M	= 1		1B. CAUSE OF DEATH (Enter only one coust PART I. DEATH WAS CAUSED BY				U		NYERVAL BETWEEN ONSET AND DEATH
	transit event w		IMMED ATE CAUSE		ed Cerebral	Aneurysm			
hauld ward the Cl	al tr		330X DUE	TO					
	burial any e		nse to immediate couse (a)	(b)			<u> </u>		
at the	= :		stating the underlying cause	10					
certificate sh writing the irwarded ta	and and		los†	(c)					IA DIE HOTOR
-	remaval,	ž	PART II OTHER S GNIFICANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	HON GIVEN IN PART 1(a)		19 WAS AUTOPSY PERFORMED?
	emo	CERTIFICATION	PO CYTERNA CA TE MIAC	7 201 2555	District and a picture for		. 6 1)		YES 🔀 NO 🛚
Certificat auld be	0	RTIF	20a EXTERNAL CAUSE WAS PRIMARY □ ar CONTRIBUTING □	20b DESCI	RIBE HOW NULRY OCCURRED	(Enter nature of injury in Par	f I or Part II of Item 18)	1	
INER: Thi e certificat shauld be files	shay shay tian, ar	AL CI	CAUSE OF DEATH					46	15
	Yayı mes. Page 3 sha crematian,	MEDICAL	20c TME OF NJURY Month, Day, Year Hour a.m.	While c		ACE OF NJURY (name form tary, street, office bldg, etc.)	20f (City or town)	j (County) (State)
ecute Page	учил Раде сгета	2	p m. 19	at wark Ł	at wark		<u> </u>		
reect Pa	J. C. J.		21 I certify that I taak charge						and in my apinio
se execution Perton Popularion	ECTOR: burnal,		death resulted fram Naturo	(auses X),	Accident , Sui	cide 🔲, - Hamicide 📙		manner	
MED Sleas direc	DIR DIR		ACTUAL		> //	CHIEF MEDICAL EX	-		22. DATE SIGNE
JTY ME ry, plea eral dire	RAL D		SIGNATURE /	a City	like	M.D ASSISTANT MEDICA			ZZ, DAIL MONE
PUT sary			EXAMINER'S Rudiger Br	reitenec	ker, M.Ø.	DEPUTY MEDICAL I	ty, town, ar county)		2/15/67
o DEPUTY MED: Connects of the funeral director of may be retained	O FUNERAL DIR Health priar to	230	BURIAL CREMATION, 23b. DATE THE	REOF I	23c NAME OF CEMETERY OR		23d LOCAT ON (City or	Town) . (Co	unty) (State)
5 m = 4	2 E /		- DELLOVALICE - LOCAL - PARTY - LOCAL	67	A 1 FF	Tooth Cemetery	2 11	none In	10%
	17.1	24	FYNERAL DIRECTOR	w (ADDRESS A	25a RECD B		REGISTRAR S S GN	ATURE
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

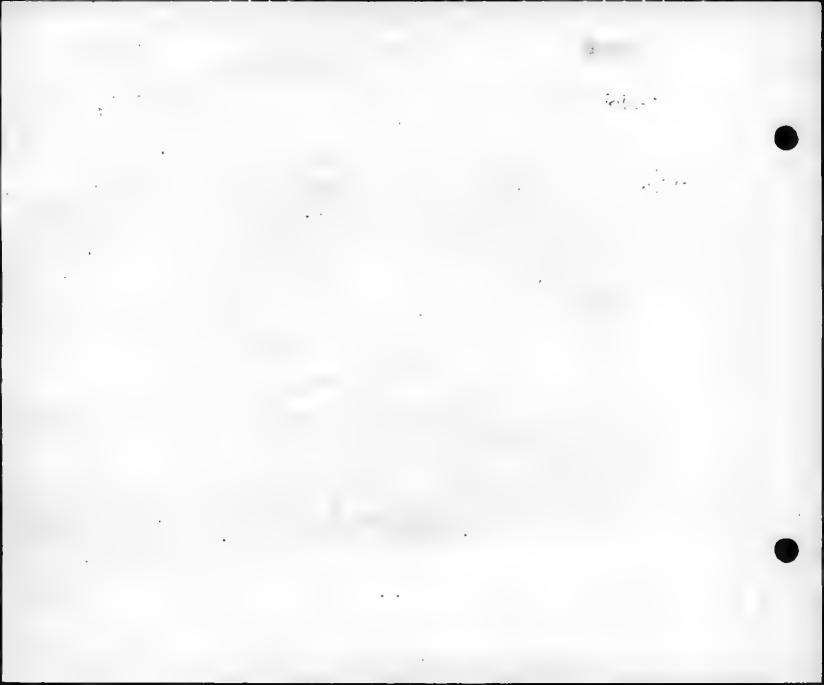
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OTOKA		CERTIFICATE OF DEATH						J	
PLACE OF DEATH			2 USUAL RESIDENCE				nce befor	e admiss a	ın)
O COUNTY Baltir	ore	MARYLAND	o STATE	Marylan	ad 6 coui	NTY		-	V
b CITY OR TOWN (If outside	e corporate i mits.	E LENGTH OF STAY IN 16	CITY OR TOWN (IF	outside corporate le	nits, write RU	RAL and giv	e neotes	t town)	
write RURAL and give no	rotes, town)	7mthslidys	Baltim				Ų		
d NAME OF HOSPITAL OR 11	ISTITUTION (If not in haspital,	give street address)	d STREET ADDRESS	B	C.			ON A F	
SPRING GROVE	STATE HOSP	ITAL	11 North	Bentalou	ot.				NO [
NAME OF DECEASED	First	Middle	Last	4 DATE OF	Man		Doy	Yeo	
(Type or print)	Luther		Turner	DEATH	Febru		16	19	67
	OR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Dec. 12,	1886 8	birthdoy)	Months	Doys Doys	Hours	Min.
Da USUAL OCCUPATION (Give ki uring most of warking life, ever		ND OF BUSINESS OR DUSTRY	11 BIRTHPLACE (Cour	nty & Stote or foreign			ITIZEN OF		
3. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME					
Ca	allie		Alice						
S WAS DECEASED EVER IN U.S.		SOCIAL SECURITY NO 17	. INFORMANT		Addr	855			
Yes, na, orunknawn) (If yes g	ve war or dates of service) 22	28-10-9408 F	Records: SP	RING GRO	VE STA	ATE I	HOSP	ITAL	
Conditions, if any, which is to immediate couse stating the underlying clast.	DUE TO (a), DUE TO (c)	rteriosclerot	is, general	ized and	severe			WAS AUTO	DDCA
PAKT II. UTHEK SIGNIFICAT	IT CONDITIONS CONTRIBUTING				PAKI I(0)			PERFORM	ED?
20 455125417-4445 54425		suppurative			£ 24 30 5		177	ES []	NO _
200. ACCIDENT WAS JNDER OR CONTRIBUTING CAUS	E OF DEATH	SCRIBE HOW INJURY OCCURRE	n fruser nature of juliary	in Part Lot Part II (of Item 18)				
20c TIME OF INJURY Mor Haur o.m.	nth, Day, Year 20d II While 19 at wor	Not While f	LACE OF INJURY (Hame, fo actory, street, affice bldg., e		ty or town)		ounty)		(State)
saw the decease	(this haspital) atten d alive on Feb.	ded the deceased fram 16 19 67, and th	July 12 nat death accurred	, 19 802 Q a_	am causes	and on	the dat	e stated	we) la 1 abav
22o. SIGNATURE	Suela loa	eleter-	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS] 2-	17–6	57	
22c. PHYSICIAN'S NAME (Type)	Stella Wach	sler, M.D.	22d. ADDRESS	SPRING Baltimor	GROVE e, Mar			SPIT 28	AL
30 BURIAL, CREMATION, BENOVAL (Pecify)	23b. DATE THEREOF 2/19/67	23c NAME OF CEMETERY O	R CREMATORY Cenetry		ON (City or To		(County) (S	itote)
24. FUNERAL DIRECTOR		ADDRESS	25g, RE	CD BY REGISTRAR	25b . RI	EGIŞTRAR'Ş/	SIGNATUI	E STATE OF	
ADOLPHUS H	ALSTEAD 1206	W North A		B 2 U 196	01 11	" -	41	1	

TO FUNERAL MIREMON: After this certificate has "seen signing by the attending physican and campletely filled in by the furteral director, page 3 should be detached for use as the burial-transit permit. Then please removes and on papers. Pages/1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in day event, within 72 hours after death. 10 INSPITAL OR RITHERING FIRMICIAN: The law requires that the death certificate lie exacted within 21 haurs after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01975 CERTIFICATE OF DEATH Residence before admission) 2. USUAL RESIDENCE (Where deceased lived, if institution: PLACE OF DEATH b. COUNTY a. COUNTY g. STATE Maryland Baltimore MARYLAND c. CTY OR TOWN (If outside carporate rim ts, write RURAL and give nearest town) b City OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Baltimore e IS RESIDENCE ON A FARM? d STREET ADDRESS a NAME OF HOSPITAL OR INSTITUTION (If not in haspitor, give street address) 7910 Highpoint Rd. YES NO [St. Joseph Hospital 3 NAME OF M dale 4. DATE Month Year Eirst Lost Day DECEASED OF DEATH Ethel TYLER February 10. 67 M 19 (Type ar pnnt) F UNDER 1 YEAR B. DATE OF BIRTH AGE (n years IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** lost birthday) Manths Doys Hours August 15, 1895 X DIVORCED Female WIDOWED 10a USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY ***** New Jersey Homemaker

13. FATHER S NAME LISA 14. MOTHER'S MAIDEN NAME William J. Hopper Louisa James 17 INFORMANT WAS DECEASED EVER NULS ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) i(If yes give wor or dates of service) ***** 217-09-8196 Family records No INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY. Cerebro-vascular accident (most probably IMMEDIATE CAUSE (a) Hemorrhage DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse last. WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X Pulmonary Edema 200 ACCIDENT WAS UNDERLYING ... 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year Hour p.m. factory, street, office bldg., etc.) Not While ot work ot work 21. I certify that 00 (this haspital) attended the deceased from 2/10 1967 1967, that (a) (we) last .19_67, and that death accurred at 3:30 M, from causes and on the date stated above saw the deceased alive an 2/10 220 SIGNATURE 22b DATE SIGNED MED. DIRECTOR **ATTENDING** 2-10-67 10 withing PHYS 22d ADDRESS 22c PHYSICIAN'S Joel V. Tolentino, M.D. NAME (Type) 7620 York Rd., Towson, Md. 21204 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF (County) (Stote) EMICAYT-(264c.(A) 2/14/67 Balto National Cem Balto Md. 25b. REGISTRAR'S SIGNATURE 1967 Juliane 24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY_REGISTRAR

DATE

SON 8802 Harford road

Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the State Dept. of Healt VR A15 (4) 20 M 1/66

death.

by the funeral Pages 1 and 2

ician and campletely filled in by the ful lease remave carbon papers. Pages I and in any event, within 72 haurs after,

physician

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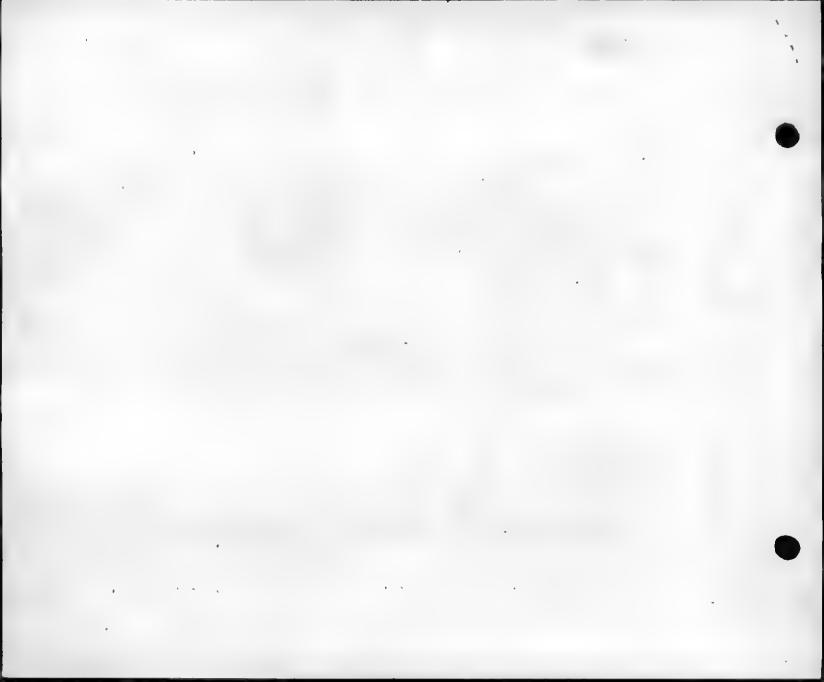
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be detached far use State Dept. of Health

certificate be executed within 24 haurs after death

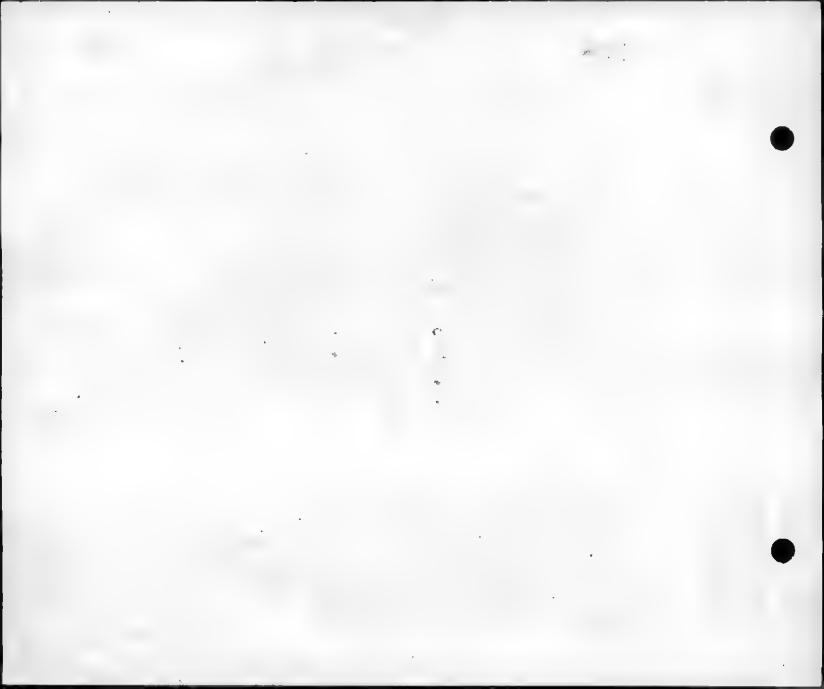
requires that the death



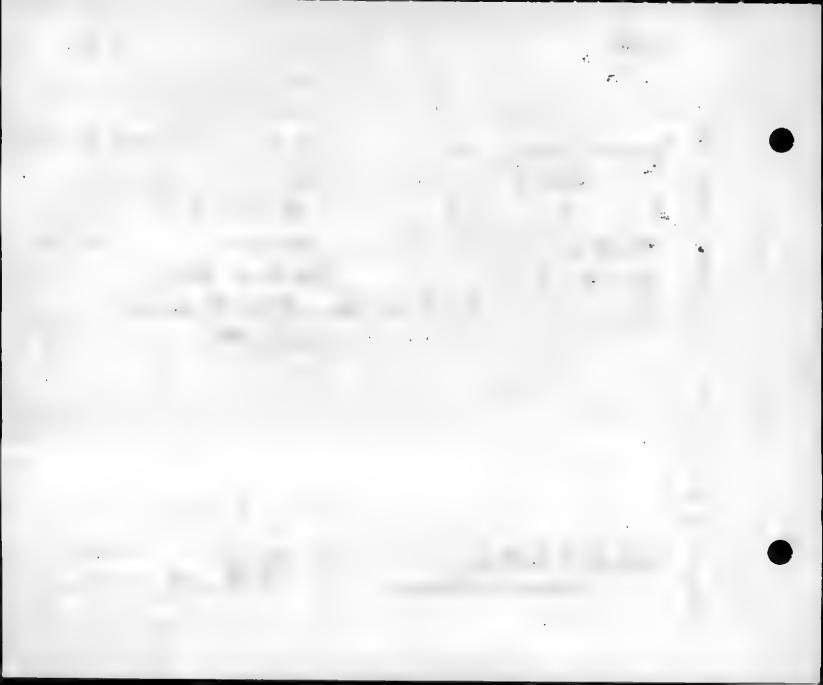
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01976	CERTIFICATE	OF DEATH		01972
	COUNTY BALTO.	MARYLAND	2. USUAL RESIDENCE (W	Where deceased lived, if instituti b COUN	on Residence before admission)
6	CITY OR TOWN (If outside corporate mit	=	CATON	tside carparate limits, write RUR	12-1
3	NAME OF HOSPITAL OR INSTITUTION (IF NO	of in hospital, give street address)	26 NEG	1BURG AL	e IS RESIDENCE ON A FARM? YES NO
DE	AME OF FICEASED (PENER)	IEVE L. UP	MAN	4. DATE Month of DEATH	3. 2 7 1967
S S€	7 6 COLOR OR RACE	7 MARRIED NEVER MARRIED WIDOWED DIVORCED	B DATE OF BIRTH	9. AGE (In years last brithday) yrs	F UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	S.AL OCCUPATION (Give kind of work done most of working life even if retired)	INDUSTRY	11 BIRTHPLACE (County	& State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
13. F	OHN B. UK	PMAN	14 MOTHER'S MAIDEN N	M. PAT	TERSON
	WAS DECEASED EVER IN U.S. ARMED FORCES? no, or unknown) (If yes give wor or dates of		HUL KA	Addre EHLER	ss
	IB. CAUSE OF DEATH (Enter only one cou Part I Death was caused by. Immediate cause	(0) (re resta) 7	thrombusis	lomorrh des	INTERVAL BETWEEN ONSET AND DEATH
r s	onditions, if ony, which gove ise to immediate couse (a), toting the underlying couse ast.	(b) 50 Ch 42/1 22	d Arty	rosclerosi	5 10 Yrs.
ATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19 WAS ALTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in l	Port I or Port 1 of item 18.)	
MEDICAL	20c TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19		CE OF INJURY (Home, form tory, street, office bldg, etc.)		(County) (State)
	21. I certify that (I) (this haspital) attended the deceased fram				
	220. SIGNATURE	W M		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 2-8/6'
	22c. PHYSICIAN'S NAME (Type) WE	MGrath M.D	22d. ADDRESS / 303	Frederick	red of
8	BURIA., (REMATION, 23b DATE THE REMOVAL (Spec by) 3/2/	67 CATHED	RAL	BALTE.	Md.
24.	FUNERAL DIRECTOR	301 FREVERYCA	- PZ 250. REC'D DATE M	AR 3 1967	Clianles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death death. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE **b. COUNTY** by the f Pages 1 urs after Balleo hours after c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) ma. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b papers. Page hin 72 hours write RURAL and give nearest fown) filled in B. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? NOX withi and completely remove carbon (Month Yeer NAME OF DATE Middle 3. DECEASED 1967 DEATH event, Q.in (Type or print) Genevieve Fe.6 be executed v AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH 9. 6. COLOR NEVER MARRIED [last birthday) | Months | Hours and in any WIDOWED DIVORCEO [ermit. Then please re on, or removal, and in 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) COUNTRY? INDUSTRY during most of working life, even if retired) U.S.A. land stouge will Jenth certificate MOTHER'S MAIDEN NAME Mac Kne a U 0-4 3 d (3 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. the attend it permit. (Yes, no, or unkown) (If yes give war or dates of service) In signed by the attention of burial cremation, o INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) In metained by the hompital or attending physician. DUE TO Conditions, if any, which (b) INTERITE After this certificate has been as 3 should be detambed for use an tile in led with the State Dept, of Health prior to be gave rise to Immediate DUE TO cause (a), stating the underlying cause last. 119. WAS AUTOPSY PART II, OTHERS GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICAT NO T YES [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING IT CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20f. (City or town) (County) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) TIME OF INJURY Month, Day, Year factory, street, office bidg., etc.) Hour a.m. While Not While at work R ATTENDING at work to 2 7 al-21. I certify that (I) (this hospital) attended the deceased from M. from the causes and on the date stated above. 19 and that death occurred at. saw the deceased alive on. 22b. OATE SIGNEO 22a. SIGNATURE FUNERAL FUNERAL Sector, page 3 Ranks M.D. DIRECTOR PHYS. Page 4 may 1 PHYSICIAN'S 22d. ADDRESS director, p (State) 23d. LOCATION (City, townsor county) BURIAL, CREMATION, DATE THEREOF 230% NAME OF CEMETERY OR CREMATORY 23b. FEMOVAL (Specify REC'D BY REGISTRAR | 25b. FUNERAL DIRECTOR VR A15 (4) DATE 15M 4-64



MARYLE IS STATE DEPORTMENT OF MALTH Division of STATISTICAL RESCARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Metric'L & (A.nit USUAL RESIDENCE (Where deceased I v d, If institution Pesidence butter adm . on Item 12 Film 6506 1. PLACE OF DEATH a. COUNTY 6 COUNTY . STATE Baltimore Baltimore MARYLAND Md BALTIMOPE

c. CITY OR TOWN ' Fourside corpore a limits, write RURAL and giv in rest town. c. LENGTH OF STAY N 16 b. CITY OR TOWN (if outside corporate times write RURAL and give nearest town) Baltimore 7 Baltimore 7 d STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITA, OR INSTITUTION of not n hospital give sinker address ON A FARM? 3806 Sylvan Drive 3806 Sylvan Drive YES NO 3 NAME OF / DATE Month DECEASED Edith Vaughan DEATH (Typ. or print) Feb. 15 16. COLOR OR RACE 7. MARRIED NEVER MARR ED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH last birthday) (Months Days | Hours | Min. Jan. 15. 1888 Cauc . WIDOWED -D VORCED | I 10b, KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (State or fore an country) 1 12. CITIZEN OF WHAT COUNTRY? thin 24 hours after Cive Pages 1, 2, orm PM3. Page 5 file pages 1 and 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratirad) USA England Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Late - Harry Wadkin Unk. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOC AL SECURITY NO 17. INFORMANT (Yes, no, or unknown) | (Ifyesgivewarordatesofservica) Mr. Robert E. Vaughan Address 108 Ligon Rd. - Ellicott City, Md. 210/3 18. CAUSE OF DEATH [Enter only one cause par the for (at, (b) and (c)) " in pencil in I Office along burial-transit terioscleratio 6 V. Diolase PART I. DEATH WAS CAUSED BY: mas. IMMEDIATE CAUSE (a) DUE TO Cerebral arteriosclerosis a bu Conditions, if any, which gave risa lo immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONIR SULLING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Trochanteric Fracture Le YES NO NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part For Part I of Itam 18.) 20a EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING X CAUSE OF DEATH. 20c. TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or own) (County) (Stata) factory, streat, office bldg , arc , The L Not While mass 9 1966 fat work at work X Inspection 3 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X and in my opinion Undetermined manner death resulted from Natura causes X, Accident ... Suic de | . Homicide CHIEF MEDICAL EXAMINER 8.2. Caples ACTUAL DATE SIGNED ASS STANT MEDICAL EXAMINER 1 SIGNATURE DEPUTY MEDICAL EXAMINER should by FUNER EXAMINER'S D. D. CAPLES NAME (Type) Address (Straat city town, or county) 228 BURIAL, CREMATION | 226 DATE THEREOF 22r. NAME OF CEMETERY OR CREMATORY 22d LOCAT ON (City town, or country) (State) REMOVAL (Specify) 0 <u>5</u>40 ± Mt. Olivet Cem. Purial 2-18-67 ADDRESS 23 FUNERAL DIRECTOR VR A15ME Witzke F.D.-4101 Edmondson Ave. 5M 1/62



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) 1 PLACE OF DEATH o COUNTY b COUNTY Baltimore Maryland Baltimore MARYLAND c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (f outside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 Baltimore 8 years Baltimore 21234 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitos, give street address) B IS RES DENCE ON A FARM? d. STREET ADDRESS YES NO X 8305 Ridgely Oak Road 8305 Ridgely Oak Road 3. NAME OF 4 DATE Year DECEASED 8 YEAR DEATH (Type or print) Bernard von Karstedt Feb IF UNDER IF UNDER 24 HRS AGE (n years SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH lost birthdoy) Manths Days Haurs WIDOWED DIVORCED Male White 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR U.S. during most of working life, even if retired) Radio Baltimore, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Bernard von Karstedt Alice King 8305 Ridgely Oak Road IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (f yes give wor or dotes at service) 215-10-8913Mrs. Bernard G. von Karstedt INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY: ONSET AND DEATH Generalized Carcinomatosis IMMEDIATE CAUSE (o) DUE TO Hypernephroma (carcinoma) kidney 5 yrs Conditions, if any, which gave nse to immediate cause (a). DUF TO stating the underlying couse last. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Malnutrition NO DE 20o ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20d INJURY OCCURRED Hour e.m. factory, street, office bldg, etc.) 1.1 ~ 24 → 21. I certify that (1) (this Prospinal) attended the deceased fram_ 1905 24 0 -1907 , that (1) (we) last . to 19.67, and that death occurred at 3: 30pM, from causes and on the date stated above. sow the deceased olive on Feb. 6. 22o SIGNATURE 22b. DATE SIGNED 2-10-67 DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 7215 York Road Venable. Jr. M.D. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (State) 67 Moreland Memorial Pk. Baltimore Co. 255 REGISTRARY 250 RECD BY REGISTRAR 24. FUNERAL DIRECTOR Loch Raven Bilvd.

Rage I may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld shauld be filed with the VR A15 (4) 15

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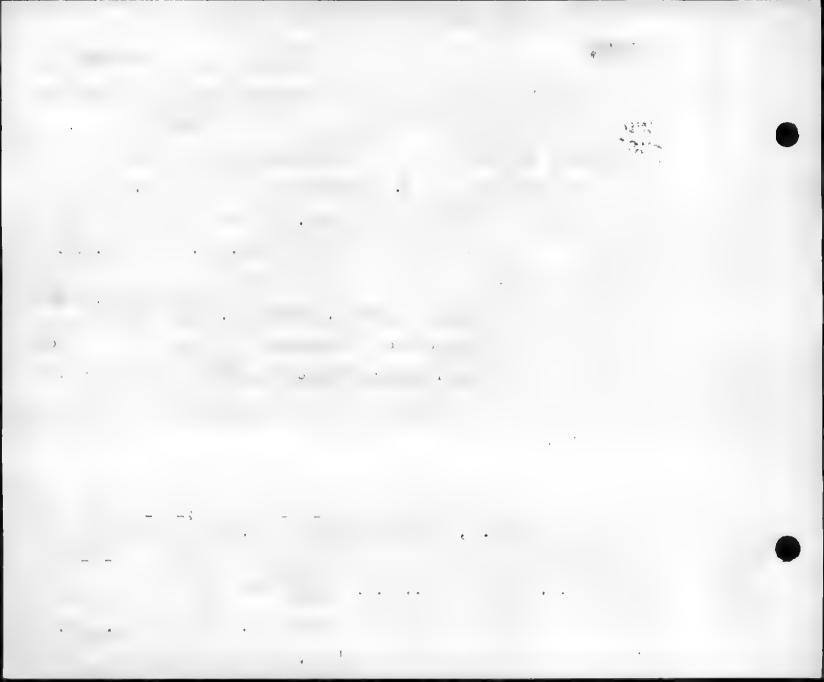
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byrial, cremation, ar remaya

executed within 24 haurs after deat

requires that the death certificate be



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01980

CERTIFICATE OF DEATH

101076

1.5						· ·	11310	
PLACE OF DEATH				2 USUAL RESIDENCE (Where deceased in			re admiss on)
o. COUNTY	Baltimore	MARYLA	IND	o STATE Md.		b (OUN)	^{IY} Balti	imore
	outside corparate limits,	c LENGTH OF STAY IN	1b	C CITY OR TOWN (If or	utside corparate lin	nts, write RUR/	AL and give neare	st tawn)
Lansdo	give nearest town) wne			Lansdo	owne		,	,
d NAME OF HOSPITA	. OR INSTITUTION (If not in hi	ospito, give street address)	-	d STREET ADDRESS				e IS RESIDEN
154 C	lyde Avenue	21227		154 Clyde	Avenue	21227		ON A FARI
NAME OF DECEASED	First	Middle		Last	4 DATE	Month	Do	y Year
(Type or pnn1)	Elmer	E.	V	Wain, Sr.	OF DEATH	Feb.	14	1967
SEX	6. FOLOR OR RACE 7 M	ARRIED NEVER MARRIED		8 DATE OF BIRTH		(In years	Months Doys	IF UNDER 24
Male	White W	DOWED DIVORCED	[X] 1	LO-13-80	86 "	AL2	Months Doys	Hours
o USLAL OCCUPATION	(Give kind of work done	105 KIND OF BUSINESS OR INDUSTRY		11 BIRTHPLACE (County	& State, or foreign	country)	12 CITIZEN O COUNTRY	
ring most of working t	Retired	B & O R.R.		Marylan	nd		COUNTRI	
E FATHER'S NAME				14 MOTHER'S MAIDEN				
Geor	ge Wain ·			Emity 1	Rumnev			
	IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO.	17, 1	NFORMANT		Addres	s 212	227
No.	(If yes give war or dates of servi	ce	Mrs	. Gertrude	E. Crive	elli-15	4 Clyde	Ave
Conditions, if ony, rise to immediate stoting the under last.	couse (o), (Dus TO	•						
PART II OTHER SEC	INIFICANT CONDITIONS CONTRIE	BUTING TO DEATH BUT NOT RELAT	ED TO	THE TERMINAL D SEASE CO	NDITION GIVEN IN	PART 1(o)		WAS AUTOPS PERFORMED (ES NO
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCI	URRED.	(Enter noture of injury in	Part I or Part II of	item 18)		
20c. TIME OF INJU Hour on	10	20d INJURY OCCURRED 2 While Not While of work at work		CE OF INJURY (Hame, form ory, street, office bldg., etc.		y or fown)	(County)	(Sto
	y that (1) (this haspital) ceased alive an	attended the deceased fr	am. j d that	t death accurred at	1962-to 7	im causes a	, 19 <u>67,</u> tl ind an the da	h <mark>at (I) (we te stated a</mark>
220 SIGNATURE	Mais for	shero hu.	DME		MED DIRECTOR	STAFF PHYS	22b DATES GH	167
22c PHYSICIAN S NAME (Type)	C. Arthur	Rossberg, M.D.		22d, ADDRESS 2436 Was	hington	Blvd.	21230	
30 BURIAL, CREMATIO		23c NAME OF CEMETE	RY OR	CREMATORY .	23d EOCATIC	N (City or Tow	(County	y) (Stot
REMOVAL (Specify) Burial	2-17-67	Mt. Olivet			2930 E	rederi	ck Rd. F	salto,
24. FUNERAL DIRECTOR		ADDRESS	010		D BY REGISTRAR		STRAPS SIGNAL	RE Ouds
loward H.	Hubbard-4107	Wilkens Avenue	212	229 DATE	EB 16	196/	1	1 8

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any Event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician

VR A15 (4) 25M 1/67



VR A1S (4) 1SM 9/S9 C.

MED CAL

23a BURIAL, CREMATION,

REMOVAL (Specify)

2/2

FUNERAL DIRECTOR'S SIGNATURE

	01 00£	DIVISI	MARY ION OF STA		H AND	PARTMENT OF DECORDS — BALTIN	HEALT MORE 1, M	H	N 1	ילים	ng.
	PLACE OF DEATH - COUNTY Balt	imore		MARYLAN		usual residence (who a state Maryla	ere deceosed nd	lived, If institution b COUNTY	on Residenc	e befare	admission)
	b CITY OR TOWN (if outs RURAL and give nearest)	16	Baltimon	utside corpore	ote simits, write Ri	JRAL ond gi	ive neare	st fown)			
	d NAME OF HOSPITAL (IF OR INSTITUT ON Armacost	4.1	4.1	*812 Regeste	nAve	e. Rodgers	Fonge	Ave.			IS RESIDENCE ON A FARM? (ES NO D
1	NAME OF DECEASED (Type or print)	Alma	st	Middle 7.		Walker	4. DATE OF DEATH	Febr		24	1.67
5.	Female 6 C	White	7. MARRIED WIDOWED	O NEVER MARRIED DIVORCED		DATE OF BIRTH April 4, 1890		P. AGE (In years lost birthdoy) O yrs	Months		UNDER 24 HE Hours Min.
100	USUAL OCCUPATION (Gi during most of working lif	e, exen if retired)	done 10b KINI	O OF BUSINESS OR II	NDUSTR	Maryla	,	untry)		S.A.	HAT COUNTR
13.	Norbourn	A. Thoma	s			14. MOTHER'S MAIDEN NAME Rose Fullenkamp					
	WAS DECEASED EVER IN U rs. no. or unknown) (If yes, s	J. S ARMED FOR give wor or doles of so	ervice)	IAL SECURITY NO	.,	rry M. Walke		Addr		. L	Balto.
	PART I. DEATH W	-		gla), (b), and (c).] Eclipies	hee	relieue va	della	coelles	after a	INTER	AL BETWEEN AND DEATH
	Conditions, if ony, w gove rise to immed cause (o), storing the <u>ur</u> lying cause lost.	li ale	Lin	Lerie 20	cler	es fee land	la trav	una sell	MESEL.	, 8	Jus
CATION			DITIONS CONT	RIBUTING TO DEATH	BUT N	OT RELATED TO THE TERMI	NAL D SEASE	CONDITION GIV	EN IN PART		WAS AUTOPS PERFORMED? 'ES NO
STIF	20a ACCIDENT WAS UN	DERLYING []	20ь. DESCRIBI	HOW INJURY OCCU	JRRED.	(Enter noture of injury in I	Port 1 or Port	It of item 1B.)			

20a ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Manth, Doy, Year Hour o. m.

p. m.

19

20d INJURY OCCURRED
While of work of work factory, street, office bldg., etc.)

21 | certify that (I) (this haspital) attended the deceased fram.

210c. TIME OF INJURY (Home, farm, 120f. (City or lown) (County) (State)

PREDERICIE J. VOLLMER 6100 TORK RD BALTIMORE, M

23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (C ty, town, or caunty) (Stote)

ADDRESS CONTROL ORDER OF REGISTRAR 256 REGISTRAR 5 SIGNATURE

John A. Moran, Inc. 3000 E. Balto. St. Balto. Off B 27 1967

Thereton Jude



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01982		MEDICAL EXAMIN	ER'S	CERTIFICATE	OF DEA	ATH	0197	18
1 PLACE OF DEATH o. COUNTY				2 USUAL RESIDENCE	(Where dece		NTM	
Bal	timore	MARY.	_AND	a. STATE	Md.		Da	ilto.
b CTY OR TOWN	(If autside carparate imits,	c LENGTH OF STAY IN	₹ 1b	c CTY OR TOWN (IF	outside corpo	prate milts, write Ru	RAL and give	nearest tawn)
	d give nearest tawn)	*		Reister	rstown	1		,
	TAL OR INSTITUTION (If not in			d STREET ADDRESS		D.3		e IS RESIDENCE ON A FARM?
		easant Hill Rd	•	17 West				YES NO
3 NAME OF DECEASED (Type or pnnt)	Charles	Middle E •	Ţ	.ost √arren	4 DATE OF DEAT	Fah	th 12	Pay Year 19 67
5 SEX	6. COLOR OR RACE 7	MARR ED - NEVER MARRIED		B. DATE OF BIRTH] DEAT	9 AGE (In years	IF UNDER 1	YEAR IF UNDER 24 HRS
Male		V DOWED DIVORCED	i s	ept. 27, 19	906	60 birthday)	Months	Days Haurs Min
10a USUAL OCCUPATIO during most of working Painter	N (Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		Balto.	,			ZEN OF WHAT NTRY?
13 FATHER'S NAME				14 MOTHER'S MAIDEN	N NAME			
James	H. Warren			Nora	C. To	wsend		
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO	17	NFORMANT		Addr	ess	
No No	(If yes give war ar dates of serv	213-03-4903	$M_{\mathbf{r}}$. Charles 1	E. War	ren Jr.	Sykes	ville, Md.
Conditions, if only rise to immedia stating the under lost	DUE TO (b) _ te cause (a), DUE TO	er line for (a), (b), ond (c).) Compound fract Fractured left vertebra; frac	fem	ur; fractu				INTERVAL BETWEEN ONSET, AND DEATH 5 min. est.
PART II. OTHER S	IGN FICANT CONDITIONS CONTR	R.BUT.NG TO DEATH BUT NOT RELA	TED TO I	HE TERMINAL DISEASE C	ONDITION GI	VEN .N PART I(a)		19 WAS AUTOPSY PERFORMED? YES NO 🔀
20a. EXTERNAL CASE OF DEATH 20c. TIME OF INJ		20b DESCR BE HOW NULRY OF Pedestrian cr		, ,			y auto	mobile
20c TIME OF INI	URY Month, Day Yeor Feb. 12 ₁₉ 67	20d NJURY OCCURRED While Nat While at work at work		E OF INJURY (Hame, fa		((ity ar tawn) wings Mil	(Cour ls Bal	17
death resul		the remains described abouses , Accident x,		de, Hamicid CHIEF MEDICA	de, al examiner			and in my apinian 22. DATE SIGNED
SIGNATURE EXAMINER'S NAME (Type)	D. D. Caples,	, M. D. 6	Hano	_M.D. ASSISTANT M DEPUTY MEDI Ver Padues (SR	ICAL EXAMINI	ER 🔼	d.	2-14-67
23a BURIAL CREMATI BULLIA Specify		Pleasa				LOCATION (City or To Dwings Mi		Caunty) (State)
24. FUNERAL DIRECTO	*	ADDRESS		2Sa. RE	CD BY REGIS		EGISTRAR'S SI	
J. F. El:	ine & Sons Re	eisterstown, Md		DATE	FEB 1	7 1967	VCLIA	ules Judge.

FEB 17

1967

VR A15MII (5)

FOR STA HEALTH

PM3. Page

any delay is

with the State Department of Nith n 72 haurs after death.

in any event

in pencil in Item 18. Give Pages 1, 2, and 3 ta

This certificate should be executed within 24 hours after death 16

the funeral directar. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form

necessary, please execute the certificate, writing the word "pending"

TO DEPUTY MEETCAL EXAMINER:

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2

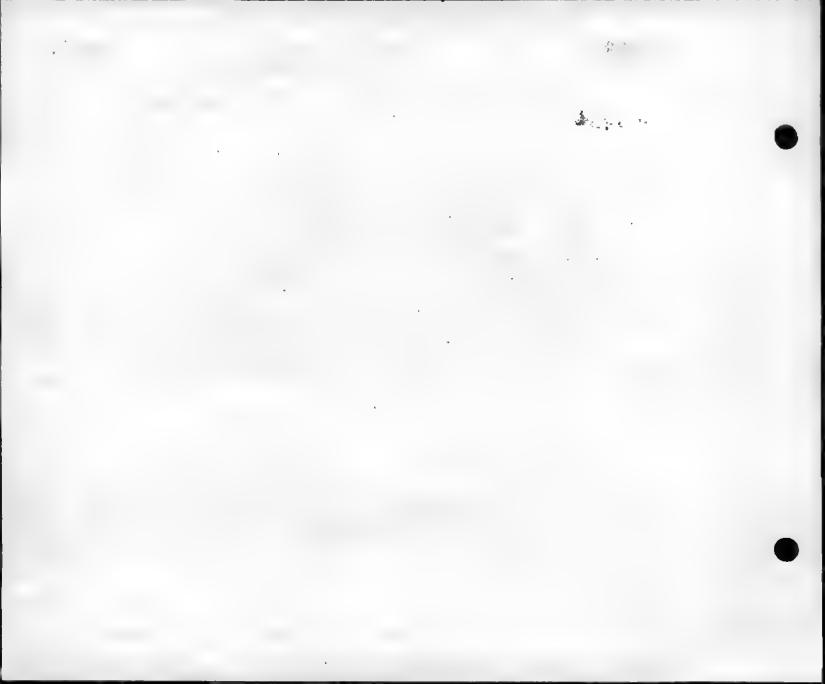
Health or its designated agent, prior to burial, cremation, or remaval, and



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01983 CERTIFICATE). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o COUNTY b. COUNTY CIY OR TOWN (If outside corporate limits c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest tawn) days ATENS V d. STREET ADDRESS e. IS RESIDENCE give street gddress (If not in hospital F NO I 3. NAME OF Middle 4. DATE Month Doy Year DECEASED OF DEATH BRUAR (Type or print) IF UNDER) YEAR IF UNDER 24 HRS. S SEX 7. MARRIED AGE (In years NEVER MARRIED last birthdoy) Months WIDOWED DIVORCED KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. 11. BIRTHPLACE (County & State, or foreign country) during most of working lile, even if cetired) INDUSTRY COUNTRY? BAlte HAUL FACTALING JOSEDLA 16 SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) MAR-CWING CAUSE OF DEATH (Enter only one couse per line for (o), (b), INTERVAL BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO heriosclorosi's Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse MOCHITUS 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND FROM GIVEN IN PART I(o) NO 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Day, Year (County) (Store) Hour o.m. foctory, street, office bldg., etc.) While of work 21. I certify that (I) (this haspital) attended the deceased from 1967, that (1) (we) last 1967 and that death accurred at 9 40AM, fram causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ST 23o. BUR AL CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY

and 2 death. ician and completely filled in by the fur lease remave carban papers. Pages 1 and in any event, within 72 hours after ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Б burial, crematian. signed by the bur al-transit 'O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. be detached for use as the State Dept. of Health prior to has been this certificate TO FUNERAL DIRECTOR: After director, page 3 shauld shauld be filed with the VR A15 (4) 20 M 1/66

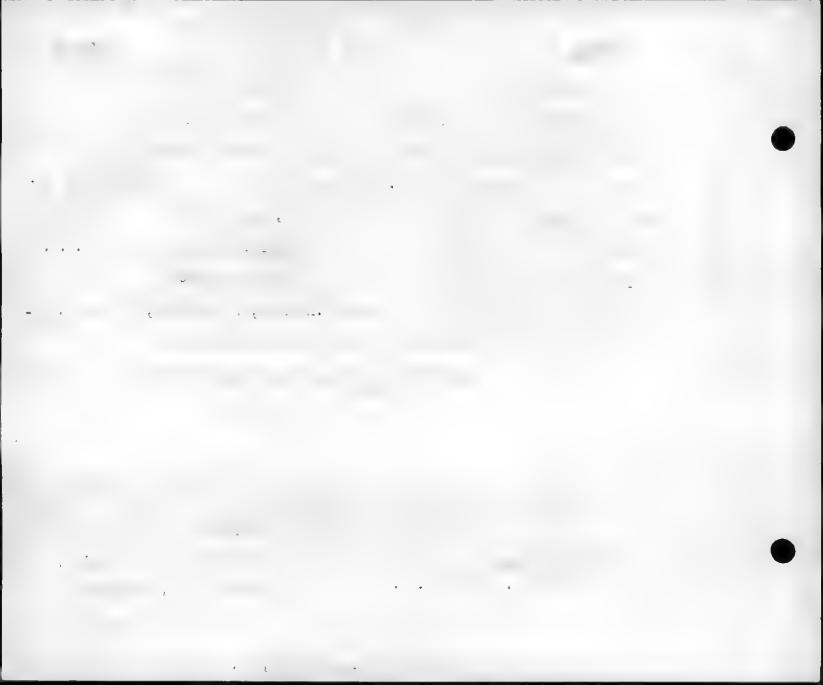


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O STATE MARYLAND a. COUNTY BALTIMORE MARYLAND b CITY OR TOWN (If autside carporote limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (if outside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 18 DAYS BALTIMORE FORT HOWARD d. NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 1041 MC DONOGH STREET VETERANS ADMINISTRATION HOSPITAL NO X 3. NAME OF DATE First Manth Day DECEASED OF DEATH FEBRUARY 67 L WEBSTER ROBERT (Type or print) S. SEX 8 DATE OF BIRTH F JNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED AGE (n years birthday) Haurs JULY 17. MALE NEGRO WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12 C TIZEN OF WHAT crematian, or remayal, and in during mast af working life, even if retired) INDUSTRY WOODRUFF, SOUTH CAROLIN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANNIE MN: UNKNOWN UNKNOWN 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, ng. or unknawn) (If yes give wor or dates of service) 16 SOCAL SECURITY NO 7 INFORMANT Address 28 44 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. NTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter on y ane cause per line for (a), (b), and (c)) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: THROMBOSIS OF LEFT MIDDLE CEREBRAL ARTERY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave UNKNOWN HYPERTENSIVE ARTERTOSCHEROPIC CARDIOVASCULAR rise to immediate cause (a), DUE TO DIASERE stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? NO K 20o ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of Item 18.) OR CONTRIBUTING CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, 20c, TIME OF NJURY Manth, Day, Year 20d INJURY OCCURRED (City or town) (County) Haur a.m. foctory, street, affice bldg., etc. 21. | certify that (this haspital) attended the deceased from saw the deceased alive on_ and that death accurred alo: OOAM, from causes and on the date stated above 22n SIGNATURE 22b. DATE SIGNED ATTENDING MED 2/14/67 M D DIRECTOR director, page shauld be filed 22d ADDRESS 22c. PHYSICIAN'S JORGE A. FABARA, M. D. VAH FORT HOWARD, MARYLAND 23a BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BALTIMORE NATIONAL BALTIMORE. MARYLAND FUNERAL DIRECTOR 25b REG STRAR S S GNATURE

within 24 hours after death and campletely remove carban requires that the death certificate TO HOSPITAL TO FUNERAL

VR A15 (-25M 1/6



01981

FOR STATE HEALTH DEPT P.M.3. Page

This certificate whauld be executed within 24 haurs after death If

necessary, please execute the certificate, writing the ward "pending"

KAL EXAMINER:

TO DEPUTY

Office alang with farm

pages 1 and 2 with the State Department of and in any event within 72 haurs after death the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiners <u>=</u>

5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial transit permit Health or its designated agent, prior to burial, cremation, or removal.

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1	PLACE OF DEATH o COUNTY	BALTIMOR	E	MARYLA	ND	2. USUAL RESIDENCE (V	Where dece		ounty		e admission) IMO RE	
		(If outside corporate limits d give negrest town) LE RIVER		c LENGTH OF STAY IN I	b	c CITY OR TOWN (If outs de corporate firm to write RJRAL and give nearest town) ARBUTUS						
		TAL OR NSTITUTION (If not in	hosp to gr	e street oddress)		d. STREET ADDRESS					e IS RESIDENCE ON A FARM?	
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3	NAME OF DECEASED (Type or print)	First Har o	1d	Middle R.	W	lost nite	4 DATE OF DEAT	1777	lonth BRUAR	Doy Y 7,		
S	SEX MALE		MARRIED W	NEVER MARR ED DIVORCED	8	2-16-1913		9 AGE (In years lost bythday yr:) Month	ER I YEAR S Doys	IF LNDER 24 HRS Hours Min	
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13.	FATHER'S NAME					14 MOTHER'S MAIDEN N	NAME					
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1\$ (Y	es no arunknawn)	R IN L S ARMED FORCES? (f yes g ve wor or dotes of se	^{rv (e)} 212	2-07-5311		FORMANT NA WHITE 5	823 ()AKLAND	RD.	21227		
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CERTIFICATION		IGN F CANT CONDITIONS CONT		1							WAS AUTOPSY PERFORMED? ES NO	
AL CERTIFI	20o EXTERNAL (A PRIMARY ☐ or CO CAUSE OF DEATH.	NTRIBUTING 🗆			RRED (E	inter hature of injury in f		ort II of tem 18)			/	
MEDICAL	20c T ME OF INJU Hour or	URY Month, Day, Year m. m. 19	20d IN. While of work	Not While at work		OF INJURY (Home, form by street, affice bldg , etc.)		(City or town)	((ounty)	(State)	
	21. I certif	y that I took charge a	f the remo	oins described abov	/e, held	on Autopsy [],	Insped	tion 1	nquiry 🕡	ond	in my opinion	
	death result	ted from: Notural c	ouses 🗾	, Accident [],	Suice	le 🔲, Homicide	\Box ,	Undetermined	monner			
	ACTUAL SIGNATURE	MBSa	WÍ	mi		CHIEF MEDICAL M.D. ASSISTANT MEDI	ICAL EXAM	NER _	2/11	672	22. DATE SIGNED 2/7/67	
	EXAMINER'S NAME (Type)		DAVIS	,		DEPUTY MEDICA Address (Street			800 M	ORING	,	
230	BUR AL (REMATIO REMOVAL (Specify BURIAL			23c NAME OF CEMETER Meadowridg				LOCAT ON (City or ward Cou		(County) Mary 1		
	FUNERAL DIRECTO		7 WILE	ADDRESS CENS AVE. 2	1229	2So REC'D	FEB	1 0 96	REGISTRAR,		en Judas	
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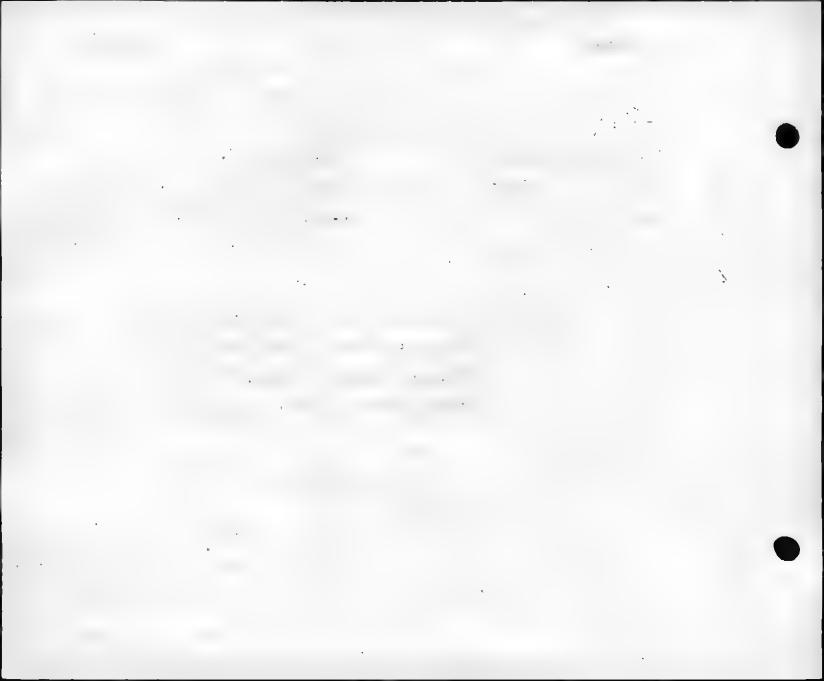
VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01986 01982

CERTIFICATE OF DEATH

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by the fur s Pages 1 hours after		Towson	giro nouvai iomi,	// d	445 Baltimon	re 21212	· /-	
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filled page thin 77		NAME OF	First	Middle	Lost	4 DATE	Manth Day Yea	- 2
d with letely f orban nt, wit		DECEASED				OF		_
uted v implete ve carb event,		Type ar print)	Harry	Blackwe		DEATH	February 1, 19	
ecuted cample cave co	5	SEX	6 COLOR OR RACE 7 1	MARRIED 🔀 NEVER MARRI	ED B. DATE OF BIRTH	9. AGE (In	years IF UNDER 1 YEAR IF JNDER 1 Months Days Hours	Z4 HRS
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phy en ov	13.	'A '	2	WID	THE MICHAEL STATE		(K. a.)	
th cert ling pt Then remov	<u> </u>	UAme.		MALLE	JALL	y MAN	1012 406	
e death ce attending p permit. The an, ar remo	l is	WAS DECEASED EVER	IN U.S. ARMED FORCES? If yes give war or dates of serv	16 SOCIAL SECURITY NO	17 INFORMANT	11	Address	
atendii atendii permit. ian, ar re	(,,	Ye5	WWI	116-09-969	7 MRS THARA	y While	OAM ?	
		18. CAUSE OF DEA	ATH (Enter only one cause pe	er line for (a), (b), and (c).)			INTERVAL BETV	
# # isi		PART I DEATH	WAS CAUSED BY:		rcinoma of righ	nt. Inno	ONSET AND D	EATH
를 수 를 를 만			IMMEDIATE CAUSE (o) DUE TO		O11101114 01 1151	40 1446		
S T T		Conditions, if any,	abob sees 5	Chidana and 1		(20/0)		
equire physin signe signe burial burial		rise to immediate	couse (a)	Duatus post	eft pneumonect	COMA (TAPS)		
2000		stoting the underl	ying couse DUE TO	Tt				
e law tendir us bee as th priar i		last			nchopneumonia.			
	22	PART II OTHER SIG	NIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	1(a) 19. WAS AUTO PERFORME	IPSY FD?
AN: The	CATION						YES 🗌	NO DE
AN.	2	200 ACCIDENT WAS	UNDERLYING 🗆	205. DESCRIBE HOW INJURY	OCCURRED (Enter nature of injur	ry in Part I or Port II of item		
音は作一に	CERTIF	OR CONTRIBUTING [
PHYSIC ne haspit this certa etached etached Dept. al		(IF EITHER, NOTIFY A		20d INJURY OCCURRED	20e PLACE OF INJURY (Home,	, farm. 20f. (City or I	own) (County) (S	Stote)
	MEDICAL	Hour a.m		While Not While	factory, street, office bldg		own) (county) (.	ושוטונו
ot to a	Z	p.m		at work at work		<u> </u>		
ATTENDING stained by the CTOR: After to should be dith the State	1	21. I certif	y that (A (this haspite	1) attended the decease	J from 1/14/	_, 19 <u>67</u> , to <u>2/1</u>	, 19 <u>.67,</u> that (I) (s	we) last
R: /		saw the de	reased alive an $\frac{2}{\sqrt{2}}$	1/ 19 67,	and that death accurred	d at 12:30 M, fram a	auses and an the date stated	abave.
ATTEI		220 SIGNATURE	111 11.	1 1)	P	22b. DATE SIGNED	
OR ATTEN be retained DIRECTOR: A ge 3 shauld led with the		ARONE	WXD X	hald h	M.D ATTENDING E	MED. STA	E February 1,	1967
y be y be filled		22c PHYSICIAN'S	777		22d ADDRESS			
R B B B B B B B B B B B B B B B B B B B		/NAME (Type)	Fioreklo	Malit, M.D.	7620	York Rd., Tow	son, Md. 21204	
TO HOSPITAL OR A Page 4 may be re TO FUNERAL DIREC director, page 3 shauld be filed w	32.	-BURIAL, CREMATIO	, 23b DATE THEREOF	23° NAME/OF CE	METERY-ON CREMATORY	23d LOCATIONDICI		tote)
Egge Pige .	231	EMOVAL (Specify)	2-4-6	2	w /	K-	11/1	1
5-5 5 V	-	PIXIA			Ledeemer	REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE	_
VR A15 (4)	13	FUNERAL DIRECTOR	E. 11	Q SO J H	/ / / / / /		250, REGISTRAR'S SIGNATURE	Lar
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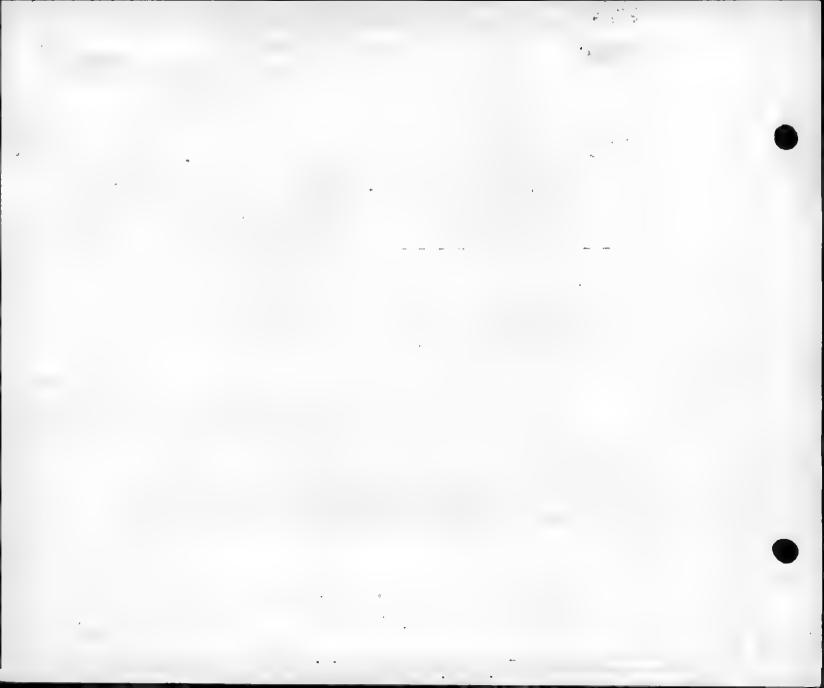
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0198	7		CERTIFICA	ATE	OF DEAT	TH			040	0.7		
PLACE OF DEATH a COUNTY	altimore		MARYLAND)	2 USUAL RESID o. STATE	`	here deceas	sed lived, if institut b. COUN		e De Die	odm ssic	on) '
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3 NAME OF DECEASED	First		Middle		Lost		4 DATE OF	Mont		Day	Yeo	
(Type or print) S SEX	Theodor 6 COLOR OR RACE 7 /	AARRIED [William NEVER MARRIED		WHITE DATE OF BIRTH		19679	February AGE (In years last birthday)	IF UNDER 1	YE'AR Days	19 IF UNDER Hours	
male	White W	DOWED	DIVORCED C		Februar			Yrs		ZEN OF	2	42
during most of working			STRY		Baltimo	, ,		- 1,	COL	SA?		
13. FATHER'S NAME	A. White				14. MOTHER'S M							
IS WAS DECEASED EVE	R IN U.S ARMED FORCES? (If yes give wor or dotes of serv	ice)	cial security no	17, 11	NFORMANT /	D	Cox	Addre	SS			
Conditions, if any, rise to immediat stating the under last.	e couse (a), (DUE TO), (b), and (c)) aturity								RVAL BET ET AND D	
PART II OTHER SI	GNIFICANT CONDITIONS CONTR	BUTING TO	DEATH BUT NOT RELATED	TO T	he terminal dise	ASE CON	DITION GIVE	N IN PART 1(a)		19 YES	WAS AUTO PEREDRM (A)	OPSY ED? NO
I (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205 DESCI	RIBE HOW INJURY OCCUR	RED. (Enter noture of in	ijury in P	art I or Par	t If of item 18.)				
20c. TIME OF INJ. Hour on p.n	1.0	20d INJU While of work	RY OCCURRED 20e Not White at work		E OF INJURY (Horary, street, office blo		20f.	(City or town)	{Cou	nty)	(Stote)
2). I certif	fy that 🖎 (this haspital) attende	d the deceased fra:	m	February	1,219 ed at	9 <u>67,</u> 1 2:15M	o Februar A from couses	y 13	67, the	ot 🔼 (: stated	we) las
220 SIGNATURE	Same) ON	usul	M.C	ATTENDING PHYS.		MED. DIRECTOR	STAFF EX	22b DA	ITE SIGNE	D	
22c. PHYSICIAN'S NAME (Type)		Misa	nik, M.D.		22d. ADDRE		Rd.,	Towson,	Md. 2	1204	+	
230 BURIA., CREMATIC		67	23c NAME OF CEMETERY Mt. Oli				23d. LO	CATION (City or To Baltimo		(County) Mar		tate)
24. FUNERAL DIRECTO	R Wiedefeld	Homo	ADDRESS	1.				RAR 2Sb. RE	GISTRAR'S SI	GNATUŘÍ		

and completely filled in by the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: I le faw majures that the dimith certificate be executed within 24 hours after diath. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use os the burnol-transit permit. Then please damays corban papers. Pages L and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and a payerent, within 72 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

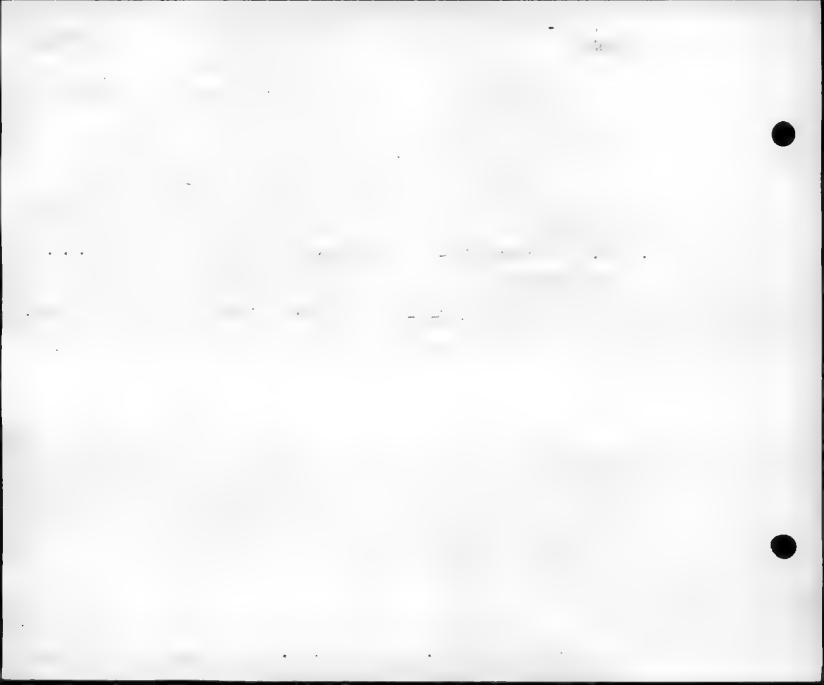


01988

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01984

FOR STATE,		01988	MEDICAL EXAMINER'S	S CERTIFICATE OF	DEATH	01904
HEALTH DEPTE		PLACE OF DEATH		2 USUAL RESIDENCE (When	e deceased lived, if institution	Residence, halore admission
ay is 3 ta Page		WALTIMOR !	E MARYLAND	DARY	LAND	
· · ·		b (ITY OR TOWN (If outside carparate limits, write RURAL and give neorest town)	ELENGTH OF STAY IN 16	1 /1	corporate limits write RURAL	and give nearest tawn)
2, and PM3 PM3 parter	_			d STREET ADDRESS	TO.	30-4 e. IS RESIDENCE
If so I form form to De		d NAME OF HOSPITAL OR INSTITUTION (I not in I	SPITIAL	1000/1	MALLA DIAL T	ON A FARM?
Pages 1, 2, a with farm PM state Depart	3	NAME OF FISH	Midd e	1 17/	DATE _ Month	Dov Year
wi wi		DECEASED (Type or print) - A14 (IX I.	WIELAND	OF FEB.	21 1967
after d 3 Give blong w erth the	5		MARRIED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years IF	UNDER LYEAR FUNDER 24 HRS
v = 6.12 =		1 11 C A A L L L C L	DOWED DIVORCED	11/6/94	72 YIS	
		USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	BIRTHPLACE (State or f	. ,,	12 CIT ZEN OF WHAT COUNTRY?
S = 2 S =	lе	t. Sunv. of Transport	tion Cunthers B	rewry Baltimo	re	COUNTRY? U.S.A.
Examiner Examiner Fle page	13	John Wieland			ne Wells	
ed well Excell E	15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECUR TY NO 17	INFORMANT	Address	
= 0 = _	(Ye	s, no, or unknown) (If yes give war or dates of serv	225-01-9453	Marguerite Wiel	and 5707 Chi	nquapin Pkwy.
e execuiry pending of Medic		1B CAUSE OF DEATH (Enter only one couse pe		./3	/	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0)	JON21	16/10/1	15/10	ONSET AND DEATH
shaufd ward the Cl		Conditions, if ony, which gave 1	1,000 03	1/210116		11/2
Shu bu		nse to immediate couse (a),	- 4 Y CY I dry	-LWSUCC	- / energ	- Jear
ficate ing t ded ded as a and p		stoting the underlying couse (c)	Dud /	2 chegodr	dia	
veriti verit vel,	CATION	PART II OTHER S GNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	D THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART '(0)	19 WALALTOPSY PERFORMED? YES NO
ould burn	CERT F	200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH	20b DESCRIBE HOW INJURY OCCURREN	D (Enter noture of njury in Part	I ar Port II of item 1B)	
XAMINER ute the cer ge 4 shaul ge 4 shaul yaur files. Yaur erematian, crematian,	MEDICAL	20c. T.ME OF .NJ.RY Month, Doy, Year Hour om. 19		LACE OF INJURY (Home, form octory, street, office bldg , etc.)	20f (City or town)	(County) (Stote)
P 2 2 2 3		21 I certify that I taok charge af		held an Autapsy 🗍 . I	nspection Inquiry	ond in my apinian
real Beach		death resulted from. Natural co		ic de 🔝 Hamicide 🗌		
MEC. direct direct refaine DIREC		ACTUAL ////	100	CHIEF MEDICAL EXA		00 0477 00440
_ = 0		SIGNATURE	THE Deall	M D ASSISTANT MEDICAL		22 DATE SIGNED
necessary, p the funeral s may be re s FUNERAL Hea th pror		EXAMINER'S NAME (Type) CHARLES F. C	DON'ELL, M.D.	DEPUTY MFDICAL E) Address (Street, city		121/67
o DEP necessor the fur 5 may 0 FUNE Health	230	BURIAL CREMATION 23b DATE THEREOF	23c NAME OF CEMETERY O		23d 10(A' ON (City or Town)	(County) (State)
01 01 ×		REMOVAL (Specify) 2/25/65	Int. Ol	ine 1	Candellston	x Balte Ind
VR A15ME (5) 14		FUNERAL DIRECTOR	ADDRESS	2So RECD BY	REGISTRAR 256 REG 51	TRAR S > GNATURE
6M 1767		Loring Byers-8728 Libe	FLV KG. Kandalisi	LOWD . Md CCn	0 7 4007 077	Lancella Vicedas



	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STAT	ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM	ORE 1, MARYLANI
01989	CERTIFICATE OF DEATH	01985

01384	OLIVIII IOAI E	OI DEATH	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before a. STATE b. COUNTY	admission)
baltimore,	MARYLAND	Veryl and	
b. CITY OR TOWN (if outside corporate limits,	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nea	rest town)
write RURAL and give nearest town) Fork	Life	Fork, Maryland 21051	
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street address)	ON	RESIDENCE A FARM?
Box 498 Stoney Bat	ter Road	Box 498 Stoney Batter Rd. YES	
3. NAME OF First DECEASED (Type or print) Herman	Henry L	Willig DEATH February 23	Year 19 6-7
5 SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	last Dirthday) Macha I Dave Hou	
M WIDOWED [DIVORCED 5	7 70 1 78 6 80 yrs.	
10a, USUAL OCCUPATION (Give kind of work done 10b, Kli during most of working life, even if retired) IN		11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WE	IAT
	DUŞTRY L Business	Baltimore Co. Maryland country. S.	A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Martin Willig		Margaret Knox	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)	Mr	John H. Willig Box 498 Stoney Batt	er Rd
18. CAUSE OF DEATH Enter only one cause per lin	ne for (a), (b), and (c), i	INTERVAL	BETWEEN
PART I. DEATH WAS CAUSED BY:	te cononax	Thrombosis ONSET AN	
IMMEDIATE CAUSE (a) MCCC	The Coloniary	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	3110212
Conditions, if any, which)	coa Wad	arteriosclerosis	
gave rise to immediate	- willed	ar. Caron C Er Daris	
cause (a), stating the DUE TO			
underlying cause last, (c)	TING TO DEATH BUT NOT RELAT		AUTOPSY
TEAT TO THE TEAT T		YES	FORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUI	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a.m. While p.m. 19 at work	Not While factor	CE OF INJURY (Home, farm, y, street, office bldg., etc.) (City or town) (County)	(State)
21. I certify that (i) (this hospital) attende	d the deceased from	10/13 1967 to present 19 that (1) (we) last
saw the deceased alive on	7 1967 and that	death occurred at 11:15 M, from the causes and on the date sta	ted above.
228. GIGNATURE		22b. DATE SIGNED	
Hullis K. Fulle	eu M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. 2 23	67
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS BOUTE 1 King smille	1.1
Phylis K. Pulle		Box 381 Route 1 Ringsville	/11 d
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	7 7 1 1	(State)
Burial 2-25-1967	Fork Meth. C	n. vemetery rork, baronner	
24. FUNERAL DIRECTOR	ADDRESS 3		
Land Burney Don	- THOIR DAY	Real DATE FEB 27 1967 Johnson you	0

VR A15 (4) 15M 4-64



TO NOTITE OR STREEDING PRESIDENCY. The law remains that the Math certificate be executed mithin 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please vertore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burnal, cremation, or removal, and a governt, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O1990
CERTIFICATE OF DEATH

	01330	CERTIFICAT	E DEATH	ក្ រព្ធ	150
1.	PLACE OF DEATH	10 		Where deceased lived, If Institution:	Residence before admission)
_	BALTIMORE	MARYLAND	a. STATE MARY	LAND b. COUNTY B.	ALTIMORE
	b. CITY OR TOWN (if outside corporate write RURAL and give nearest town	e limits, c. LENGTH OF STAY IN 1b		ide corporate limits, write RURA	L and give nearest town)
	CBMC Hos	121/A/ 48 DAIN	TIMONIUM	Md. 21093	401
10		(if not in nospital, give street address)	d. STREET ADORESS	0	e. IS RESIDENCE ON A FARM?
0	REATER BALTIMORE	007/10/	241 EAST TI	MONIUM KOAD	YES NO
3.	NAME DE PIE	Middle	Last - 4.	DATE Month OF	Oay Year
5.	SEX 6. COLOR OR RACE	F/ IV N57	8. DATE OF BIRTH	9. AGE (In years IF UNDE	19 67
Z	emple Opil	7. MARRIEO NEVER MARRIED	12-29-86	last birthday) Months	Days Hours Min.
10:	LUSUAL DCCUPATION (Give kind of work d	WIOOWED DIVORCEO	11. BIRTHPLACE (County	& State, or foreign country) 12. (CITIZEN OF WHAT
dui	ing most of working life, even if retired) INDUSTRY	-D1/1/2 12 21/0	in Panish	OUNTRY?
13	HOUSE WITE		14. MOTHER'S MAIDEN N	IAME TENY	4517
600	perhat Richard 7 IN	MANNEN	HARRIED I FOR	MPMY	
15	. WAS DECEASED EVER IN U.S. ARMED FOR	CES? 16. SOCIAL SECURITYNO. 17.	INFORMANT	Address	*
1	Nt)	184-30-0835-JI			
	18. CAUSE OF BEATH [Enter only one	cause per line for (a), (b), and (c).]) /		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cute To	= \$120 text 7	adure	ONSET AND DEATH
	200./ DUE T		1. 11		
	Conditions, If any, which agave rise to immediate	(b) (E) RONES PARLEUN	ma	,	JAN 41
	cause (a), stating the DUE 1	ro file male	/	1	
NOI	underlying cause last.) PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO GEATH OUT NOT BEE	CI 872 OF TERMINAL DICE	SECONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
ATI(TARTIS OTHER SIGNAL IDAM CONOCINA	43 CONTRIBUTING TO CENTR BUT NOT REED	HEO TO THE TERMINACDISEA	SECONULITON GIVEN IN PART 1(3)	PERFORMED?
TIFIC	20a. ACCIOENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCL	IRRED. (Enter nature of Inlu	ry in Part I or Part II of Item 1	YES NO
CERTIFICAT	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINI	H ER)	The feather material At 1113-1	17 1 1 1 1 1	.,
	20c. TIME OF INJURY Month, Day, Y-	ear 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm,	20f. (City or town) (Co	unty) (State)
MEDICAL	Hour a.m. 196	MARINE MILL MARINE	ry, street, office bldg., etc.)		
		ital) attended the deceased from	, 19	. to	, that (I) (we) last
	saw the deceased alive on			M, from the causes and on	
	22a. SIGNATURE		ATTENDING MEO.	STAFF 22b.	DATE SIGNEO
	22c. PHYSICHMEN	M.D		CTOR PHYS. X 2	-1-6/-
	NAME (Type)		22u. AOURESS	,	
23a	BURIAL, CREMATION, 23b. DATE TH	HEREOF , 23c. NAME OF CEMETERY	OR CREMATORY 1.2	3d. LOCATION (City, town or co	ounty) (State)
	BUTIA (Specify) SAt 2/4	1+7 GREAT VALLEY	Possey Com	MAIVERN K.D.	Chester PA.
	FUNERAL DIRECTOR	ADDRESS	A DEC DECIDE		
24		ADDRESS .	25a. REC'D BY	1967 256. REGISTRAR	

VR AIS (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01991	•		CERTIFICATE	OF DEATH		01987
	PLACE OF DEATH o. COUNTY	Baltimo	re	MARYLAND	CTATE	Where deceased lived, if institution b. COUN	
ł		autside carparate limits give neorest town)		c. LENGTH OF STAY IN 16		timore 2	Al and give nearest fown) 1212 (3-1
(d. NAME OF HOSPITA.	OR INSTITUTION (If not St. Joseph	. 4	· ·	d STREET ADDRESS	Dumbarton Rd.	Apt.D e IS RESIDENCE ON A FARM? YES NO
- (NAME OF DECEASED (Type or print)	Firs Ed	ward	Middle Nicholas	lost Witler	4 DATE Month OF PEATH Feb	
5 5		6 COLOR OR RACE White	7. MARRIED WIDOWED		3-16-99	9 AGE (In years ast birthday) 67 yrs	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min
dori	ng most of working Self-em	G ve kind of work done e even if retired)	160	o of Business or outsiry urance Broker	Baltimo	e State or fareign country)	12 CITIZEN OF WHAT COUNTRY? U.S.A.
		vard Nichol			14 MOTHER'S MAIDEN Emma W NFORMANT	Villiams Addres	
(Ye	s, no, or unknown) (1	f yes give war ar dates of	service)			ler 116 Dumbar	
		couse (a), DUE T	Arte		heart disea	se -myocardial infarct	INTERVAL BETWEEN ONSET AND DEATH
NOIL	PART II. OTHER SIGN		NTRIBUTING TO	o DEATH BUT NOT RELATED TO 1		NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO 6
MEDICAL CERTIFICATION	20a ACC DENT WAS I OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH		CRIBE HOW INJURY OCCURRED		Part 1 ar Part II of Item 18.)	(6)
MEDICAL	Havr a.m. p.m.	19	While at wark	Not While at work	E OF INJURY (Home, farm pry, street, office bldg., etc.		(County) (State)
	saw the de	that (I) (this hasp leased alive an F	ital) attend eb. 2'	ed the deceased from <u>F</u> 7 10 19 67 , and that	eb. 25 the part of the death accurred at	1967 to Feb. 27 5:35 AM, from causes of	\pm 19 67 , that (I) (we) land on the date stated above
	22a. SIGNATURE 22c. PHYSICIAN S	imio	Vent	M.I	ATTENDING PHYS.	MED STAFF DIRECTOR PHYS.	22b DATE SIGNED Feb. 27,1967
200	NAME (Type)	Melenci				k Road, Towson	
	BURIAL, CREMATION REMOVAL (Specify) Burial FUNERAL DIRECTOR	Mar. 2	, 1967	Loudon Park C	emetery		eryland GISTRAP SIGNATURE
E	Sund La		611 Pa	rk Heights Ave		MAR 2 1967	Janes Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and mamplately filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Leath certificate by executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4)

FOR STATE HEALTH DEPT.

KELL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cossary, kecuts, he certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is a funeral Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. director. Page 4 should retained for your files. TO DEPUTY MET please executi VR A. 5ME (5) 5M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL FXAMINER'S CERTIFICATE OF DEATH

01.334	JERTH TONIE OF BEATTH
1. PLACE OF DEATH 3. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATEMARYLAND b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Sparrows Point C. LENGTH DF STAY IN 1b Hours ??	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) Middle River
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Plant Dispensary, Beth Stal	37 Stabilizer Dr. #20 ON A FARM?
3. NAME OF PIRST Middle PROFESSION TO STREET	Wolfe OF 2 7 1967
5. SEX Male 6. COLOR OR RACE WIDOWED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 11-6-07 9. AGE (In years FUNDER1 YEAR FUNDER 24 HRS. Months Days Hours Min. 59 yrs.
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Foreman Steel Making	Pennsylvania U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Emory Wolfe	Anna Carter
(Yes, no, or unknown) (If yes give war or dates of service) コワスニヘフニュコスピー!	INFORMANT (Wife) Address Md. 21220
No No Vij	rginia Wolfe, 37 Stabilizer Dr. Liddle Rive
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SOronary—Arteric	o-scleriotic cardio vascular ONSET AND DEATH
MAUI DUE TO disease.	Stat
Conditions, If any, which (b)	
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT HELD	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ica	TYP YES NOTE
F CAUSE OF DEATH.	URRED. (Enter nuture of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2cc. PLA	ICE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While p.m. 19 at work at work	Ty, attent, and on mage, etc.
21. I certify that I took charge of the remains described above, hel	ld an Autopsy . Inspection . Inquiry . and in my opinion
death resulted from: Natural causes X. Accident . Sui	icide . Homicide . Undetermined manner
man	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
	DEPUTY MEDICAL EXAMINER AMORNING MORNING TO COUNTY, Md. 21222
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Ranist 5/Tr/01 Monetand Mem*	
John J. Duda, 7922 Wise Ave. Dundalk, Md.	A
Total of During Poet Haro Hotel During Hotel	· DATE FEB 9 1937 miles Judge



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remoye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deptit. TO NOSHITAL OR ATTENDING FRYINGLING THE IIIW requires that IIIE Beath certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

T DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

T Q Q 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME 14. MOTHER'S MAIOEN NAME 15. WAS OLCEASE OF VER IN U.S. ARMEOFORCES? (Yes, mo, or tenshown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF OLEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (c) (c)	(noize
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) CREATER BAHLMORE MEDICAL CENTER Middle Lest 4. DATE MONTH DAY VEST NO 3. NAME OF DECRASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY? TOWSON, BALTO, CO. 13. FATHER'S NAME DEATH 15. WAS DICEASE DEVER IN U.S. ARMEOFORCES? (Yes, no, or unknown) (If yes give war or dates of service) DIVORCED 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address ON A FARI VEST NO AFRE ON A FARI ON A FARI ON A FARI VEST NO DET TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	own)
CREATER BAHIMORE MEDICAL CENTER Me COMMAS KOAD ON A FARM 3. NAME OF DECEASED FLIST Middle Last 4. DATE Month Day Year OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARMEO NEVER MARRIEO S. DATE OF BIRTH 9. AGE (In years STUDIOR 24 Months Days Hours Marrieo Marrieo Months Days Hours Months	
3. NAME OF DICEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 2. 17 196 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years if UNDER 14 Months Days Hours M	M?
(Type or print) DADY NOODWARD SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGE (in years liftunder 1 years lift	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASE OF VER IN U.S. ARMEOFORCES? (Yes, mo, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Immediate cause (a), stating the cause (a), stating the cause last. OUE TO conditions, If any, which gave rise to Immediate cause (a), stating the cause last. OUE TO conditions of the cause last. OUE TO conditions cause last. OUE	7_
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or fereign country) 13. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME 15. WAS DECEASE DEVER IN U.S. ARMEOFORCES? (Yes, mo, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (c)	Min.
Towson, Balto. Co. 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME	~
15. WAS DECEASE DEVER IN U.S. ARMEOFORCES? (Yes, mo, or the hown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (c)	
15. WAS DECEASE DEVER IN U.S. ARMEOFORCES? (Yes, mo, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (c)	
(Yes, mo, or unidown) (If yes give war or dates of service) 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	
PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (c) ONSET ANO OEA CONSET ANO OEA	
IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (c)	
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) OUE TO	IIH
gave rise to immediate cause (a), stating the OUE TO underlying cause last. (c)	
cause (a), stating the OUE TO Underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO	
PERFORMED YES NO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORME YES NO 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING 1 CAUSE OF OFATH (If EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State	le)
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State factory, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from 2 - 17 , 19 47, to 2 - 17 , 19 47, that (I) (we)	
saw the deceased alive on 1957, and that death occurred at the causes and on the date stated ab	ove.
M.D. ATTENDING MEO. STAFF 220. DATE STATES	7
22c. PHYSICIAN'S NAME (Type)	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State	
REMOVAL (Specify) 2/20/67 (C. B. el C.	,
24 ONERAL DIRECTOR ADDRESS 258. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	
Yolin E. Holams, M. J. G. BMC. OMTE 2 3 1967 Golovies Judge.	

VR A15 (4) 20M 1/65 400 -

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

- C1/-	W 20		01994			CERTIFICATE	OF DI	ATH			019	89	
funeral and 2	M		PLACE OF OEATH O. COUNTY	BALTIMOR	E	MARYLAND	2. USUAL R a. STATE	ESIDENCE (Where	deceosed lived	, if institutio b. COUNT		fore odmission	1)
by the f			o. CITY OR TOWN (write RURAL one ATONS	f outside corporate limits, give nearest town)	c. LENGTH	OF STAY IN 16	C. CITY OR	TIMA	arparate limits	, write RURA	L and give near	est town)	1
eath cervilcate be executed within 24 hi ending physician and completely filled in hit thin please remave carban papers. or remeval, and in any event, within 72 h			I. NAME OF HOSPIT	AL OR INSTITUTION (IF not LGE NURS)			d. STREET A	ODRESS 6 PARK	TON	ST		e. IS RESIDE ON A FAI YES . I	RM?
			NAME OF DECEASED Type or print)	RoberTA	ZIEGLE		Lost		OATE OF DEATH	Month 2 -	- 12		7
		S.	1-	W	WIDOWED 🔀	DIVORCEO ,	3/18/	1890	76	irthdoy) Yrs.	Months Doys	Hours	Min.
		duri	ng most of working	(Give kind of work done life, even if retired)	10b. KIND OF BUSH INDUSTRY	NESS OR	MAI	ACE (County & Stot		intry)	12. CITIZEN COUNTRY	1?	
			ROBE!	T Por	RTER		AM/	YA) L	PANI	EL.S			
				R ÎN U.S. ARMED FORCES? (If yes give wor or dotes of	service) 16. SOCIAL SECU	RITY NO. 17. II	FTOL	Y E, Z	IE/-LI	Address ER 4	16 STR/	ATFERI	n RL
# # IS E			18. CAUSE OF DI PART I. OEA	ATH (Enter only one couse H WAS CAUSED BY: IMMEDIATE CAUSE (c	per line for (a), (b), and (b) Brown		aum	omia				NTERVAL BETW DNSET AND DE	
hysicial hysicial gned b urial-tru	hysician. gned by urial-trai		Conditions, if ony	which gove) (b	(2) Pro(rably		ration					
aw reg rding p been si the b			stoting the unde	lying couse	3 ArTeni	oselero	tic	Demen	tie (
ar after te has use as	2	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS COI	TRIBUTING TO DEATH BU							9. WAS AUTOI PERFORMEI YES N	PSY D? 10
Spital spital control of the far and far the f		L CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. OESCRIBE HOW	INJURY OCCURRED. (Enter noture	of injury in Port I	or Port II of its	em 1B.)			
5 = - 5 e	the hos r this ce detache te Dept.	MEDICAL	20c. TIME OF INJU Hour o.r p.r	1.0	While Not Work of work		E OF INJURY ary, street, offi		20f. (City o	r town)	(County)	(S	tote)
UK ATTENDING be retained by NRECTOR: After e 3 shauld be ed with the State		saw the d	fy that (I) (this hosp eceased alive on	itol) ottended the d	eceosed from 67, and that	5-3 death acc	, 19 <i>_G</i> :urred ot <u>12</u>	3 , to	2 - ! .	nd an the d	ate stoted	ve) las obove	
		The state of the s	roy Valla	lovero	M.C		DIREC	TOR D S	TAFF HYS.	22b. DATE SIG			
O HOSPITAL O Page 4 may by O FUNERAL DI director, page should be filed				CESAR VAL				29 Libe		Rd			
Page 4 may TO FUNERAL director, page should be fit	P	R	BURIAL CREMATIC REMOVAL (Specify	2/15/1	EOF 231. NAN 1967 NEW	AE OF CEMETERY OR C CATHEL DRESS	REMATORY	CEM. B	3d. LOCATION	10RE	MAR	YLAN	ote)
VR A15 (4)	M		FUNERAL OFRECTO	R						1	ISTRAR'S SIGNAT		2.0

THE PROPERTY OF THE PARTY OF ECHOMETER CONTRACTOR OF THE SECOND CONTRACTOR 85616 HIVER TO SUMBLED THE RESERVE OF THE PARTY OF THE 01995

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0	4	0	58	12	
0	1	4	3	U	

/片	PLACE OF DEATH	II 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission
	o. COUNTY Baltimore MARYLAND	I) O. STATE b. COUNTY
-	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town)	Baltimore Highlands
	Baltimore Highlands d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS e. IS RESID
20	2813 Oak Grove Road	2813 Oak Grove Road
3.	NAME OF First Middle	Lost 4. DATE Month Doy Year
	DECEASED (Type or pnnt) WILLIAM	ZOUCK DEATH February 8 19 (
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER YEAR IF UNDER YEAR IF UNDER Months Doys Hours
	Male White WIDOWED □ DIVORCED X	8-31-1907 59 yrs
100 dui	b. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Crane Operator	Maryland COUNTRY? U.S.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15	Franklin H. Zouck WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Elizabeth Gardner
	V lid	Mr. Howard L. Houck, Huntington, West Va.
-		INTERVAL BETV
	B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: MASSIVE CEREBELL	AUGTY LUD DE
	MMEDIATE CAUSE (o) MASSIVE GETEBETTS	
	Conditions, if ony, which gove) (h)	
	rise to immediate couse (a), stating the underlying couse DUE TO	
	last. (c)	
×	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORME
/ IE		YES X
CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY □ OF CONTRIBUTING □ CAUSE OF DEATH.	RED. (Enter nature of injury in Port 1 or Port II of item 1B.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. Hour o.m. 19 While of work of work 19	PLACE OF INJURY (Home, form, factory, street, office bldg , etc.) 20f. (City or town) (County) (S
	21. I certify that I taok charge of the remains described above	, held an Autapsy 🕱 , Inspection 🗍 , Inquiry 🗍 and in my c
	death resulted fram: Natural causes , Accident	
	ACTUAL ACTUAL	CHIEF MEDICAL EXAMINER
	SIGNATURE OOU CUS GIVE	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE S
2	EXAMINER'S /Rudiger Breitenecker, M.D.	DEPUTY MEDICAL EXAMINER 2/9/6 Address (Street, city, town, or county)
23	D. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) Tourism Park	
0-	Burial 2-11-196/ Boddon 141k	
	4. FUNERAL DIRECTOR ADDRESS LOWARD H. Hubbard, 4107 Wilkens Avenue	21229 DATE FFB 1 4 1967 Policy 9
1	oward H. Hannard, 4101 MITKELL WASHING	21229 DATE FEB 1 4 1967 Milaneles &

472 P. Brandon Boto E. T. Lewis ATLIE County